CHILD ABUSE AND NEGLECT
USER MANUAL SERIES

Community Partnerships: Improving the Response to Child Maltreatment

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect

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2010

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Preface

Each day, the safety and well-being of some children across the Nation are threatened by child abuse and neglect. Working to have a positive impact on the lives of these children and their families is not the responsibility of any single agency or professional group, but rather is a shared community concern.

The *Child Abuse and Neglect User Manual Series* has provided guidance on child protection to hundreds of thousands of multidisciplinary professionals and concerned community members since the late 1970s. The *User Manual Series* offers a foundation for understanding child maltreatment and the roles and responsibilities of various practitioners in its prevention, identification, investigation, and treatment. Through the years, the manuals have served as valuable resources for building knowledge, promoting effective practices, and enhancing community partnerships.

Since the last update of the *User Manual Series* in the early 1990s, a number of changes have occurred that dramatically affect each community's response to child maltreatment. The changing landscape reflects increased recognition of the complexity of issues facing children and families, new legislation, practice innovations, and systems reform efforts. Significant advances in research have helped shape new directions for interventions, while ongoing evaluations help us know "what works."

The Office on Child Abuse and Neglect within the Children's Bureau of the Administration for Children and Families, U.S. Department of Health and Human Services, has developed this third edition of the *User Manual Series* to reflect the increased knowledge and the evolving state of practice on child protection. The updated and new manuals are comprehensive in scope while succinct in presentation and easy to follow, and they address trends and concerns relevant to today's professional.

This manual, *Community Partnerships: Improving the Response to Child Maltreatment*, reflects the widespread recognition that coordinated multidisciplinary responses are needed to address the complex needs of today's children and families. It offers guidance on how diverse community agencies, organizations, and individuals can join together to provide a web of support for families and create safe, healthy environments for children to thrive. The manual describes the benefits of community partnerships, outlines the steps to establishing and sustaining partnerships, and provides information on how to measure results. It also describes ways in which child protective services can adapt their practices to engage families' natural support systems and increase community involvement in child protection. The importance of responsive, family-centered approaches is underscored throughout the manual. The appendices provide valuable resources, including checklists, sample forms, and success stories.

This manual builds on the keystone publication of the *User Manual Series*, *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*. Readers may want to consult that manual for background information on the definition, scope, causes, and consequences of child abuse and neglect, as well as an overview of prevention efforts, the child protection process, and the roles of different professional groups in working together to protect the safety, permanency, and well-being of children.

User Manual Series

This manual—along with the entire *Child Abuse and Neglect User Manual Series*—is available from Child Welfare Information Gateway. Contact Child Welfare Information Gateway for a full list of available manuals and ordering information:

Child Welfare Information Gateway
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
Phone: (800) 394-3366
Fax: (703) 225-2357
E-mail: info@childwelfare.gov

The manuals also are available online at **http://www.childwelfare.gov/pubs/usermanual.cfm**.

ACKNOWLEDGMENTS

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CHAPTER 1
Purpose and Overview

While child protective services (CPS) is at the center of every community's child protection process, it cannot ensure the safety, permanency, and well-being of all children–nor address all the complex family issues associated with child maltreatment–by working alone. Each year, CPS workers respond to large volumes of child abuse and neglect reports. In 2008, for example, an estimated 3.3 million reports alleging the maltreatment of approximately 6 million children were made to CPS agencies nationwide, and 772,000 children were found to be victims of abuse or neglect.[1] The families of these children often face additional challenges, such as substance abuse, mental illness, domestic violence, unemployment, and poverty. Additionally, only a portion of the families needing services actually receives them.[2] To improve access to services and more adequately address the diverse needs of vulnerable families, communities across the Nation have turned to a comprehensive, coordinated partnership approach.[3]

Community partnerships bring child welfare agencies together with community organizations, service providers, concerned neighbors, and family members to help prevent children from entering the child welfare system and to provide families at risk or in crisis with access to services and supports. Successful partnerships can benefit communities by strengthening families, extending the reach of limited resources, improving service access and delivery, enhancing relationships among public and private service providers, and creating community responsibility for child safety and family stability.[4]

Building a community partnership can be complex and time consuming. Frequently, partnerships will require CPS and community organizations and individuals to work in new ways. This manual supports both CPS staff and interested community members in developing a coordinated effort to prevent

For additional information about the definition, scope, causes, and consequences of maltreatment, as well as an overview of the child protection process, refer to the keystone publication of the *User Manual Series*, *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice* at **www.childwelfare.gov/pubs/usermanuals/foundation/index.cfm**. Other publications in the *User Manual Series*, which addresses topics such as domestic violence, working with the courts, and the role of educators and child care providers, can be found at **www.childwelfare.gov/pubs/usermanual.cfm**.

For a quick reference guide to the signs of and risk factors for child maltreatment, refer to Appendix D, *Reference Guide for Identifying Possible Child Maltreatment* This manual was developed and produced by ICF International, Fairfax, VA, under Contract Number HHS-282-98-0025.

and respond to child maltreatment. Specifically, this manual addresses:

- Reasons for and benefits of developing community partnerships to respond more effectively to child maltreatment
- Basic steps for developing and sustaining a community partnership, including conducting assessments, recruiting partners, establishing leadership, planning strategically, and securing funding and other resources
- Changes CPS agencies can make that foster a community partnership approach
- Tips for measuring the results of community partnerships.

The appendices include additional resources, such as checklists and sample forms that partnerships can use to guide their efforts, examples of successful partnerships, and links to other valuable information.

Notes About the Manual

This manual does not endorse any single community partnership model or specific criteria for partnerships. Rather, it addresses the general concept of building productive relationships among a community's child welfare agency, local organizations, family members, and other individuals or groups on behalf of children and families. The manual describes general approaches to developing, sustaining, and evaluating community partnerships and highlights effective practices that have been found useful in the field. It has information that will be helpful to participants at various stages of a community partnership's lifespan.

Additionally, although some resources differentiate between the terms partnership and collaboration, this manual uses them interchangeably.

CHAPTER 2

Community Partnerships: What and Why

In This Chapter

- What are community partnerships?
- Why community partnerships?
  - Background
  - Benefits
- Federal legislation

Recognizing the many issues children and families across the country face, child welfare agencies are shifting from a single-agency response to child maltreatment toward an integrated system of collaboration with the community. Both child protective services (CPS) and other community stakeholders have determined that community partnerships can be extremely useful, if not vital, to achieving permanency, safety, and well-being for children.

What Are Community Partnerships?

Collaboration is "a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve results they are more likely to achieve together than alone." [5]

Community partnerships are collaborative relationships between public child welfare agencies and other stakeholders to address child protection.[6] Community partnerships may work to:

- Prevent child maltreatment and reduce its recurrence
- Offer a network of support and a range of services for families in which maltreatment has occurred or is at risk of occurring
- Provide individualized responses tailored to a family's strengths and needs
- Encourage shared responsibility for ensuring safety, permanency, and well-being.

Partnerships can take many forms depending on the needs, resources, and priorities of the communities they serve. They may involve large networks with many members who provide formal and informal supports to families in a specified geographic area. Or, they may consist of more focused efforts that address the needs of a very specific target population, such as those families who have experienced both child maltreatment and domestic violence. Some community partnerships conform to specific models promoted by Federal or private funding sources (e.g., the Annie E. Casey Foundation, the Edna McConnell Clark Foundation), while others are formed on an ad hoc basis fully defined by the partners.

Considering partnerships along a continuum, some communities are just beginning to change practices

and create links through joint activities, such as case planning, training, or program development.[7] Other partnerships are further along and have begun to change organizational infrastructures, such as by co-locating staff or developing formal information-sharing mechanisms. Still others are even further along the continuum and have created State-level collaborations or undertaken major reforms of their CPS systems, such as developing differential response systems (described in more detail in Chapter 4, *Partnering with Child Protective Services*).

Why Community Partnerships?

Community partnerships help communities shape their child protection strategies and build a network of services based on their own cultures, needs, and resources. Communities and the Federal, State, and local governments have been using community partnerships as an effective and more efficient way of serving children and families. This section outlines the background for reform and the numerous benefits of community partnerships.

Background of the Reform

Concerned citizens and community groups—including faith-based organizations, schools, civic groups, and neighborhood associations—have long provided both formal and informal services and supports to local families and children in need. Concerns about child maltreatment and its impact on the community have caused individuals and groups to look to new ways to mobilize and coordinate efforts that meet the pressing needs of vulnerable families and their children. Reform also is a product of growing concerns over the abilities of the traditional child welfare system to protect children and help families, particularly given:

- The limited capacity of CPS to address heavy caseloads reflecting complex issues
- A bureaucratized, "one-size-fits-all" approach that features adversarial investigations
- Inadequate and fragmented service delivery that frequently does not address underlying family problems and stresses.[8]

Reform also reflects increased recognition of the importance of family engagement and the involvement of extended family networks in the assessment and service planning processes to encourage greater cooperation with services and motivate behavior changes. Additionally, it underscores a growing awareness of the links between healthy communities and healthy families.

In addition, reform has coincided with an increased government-wide focus on outcomes and accountability.[9] As part of reform efforts, States have made significant changes in the way they respond to

Features of a Successful Community Partnership

The following are some of the key features that lay the groundwork for a successful community partnership:

- **Community-based**. Decision making and services are rooted in the community or neighborhood.
- **Family-centered**. Services are coordinated to respond to each family's situation and build on the family's strengths.
- **Participatory**. Stakeholders representing a broad range of fields are encouraged to play a role in safeguarding children and supporting families.
- **Responsive**. Partnerships make services accessible to families, mobilize resources, and adapt to community needs.
- **Results-oriented**. The partnership is held accountable for achieving results that are reflected in measurable improvement in child, family, and community outcomes.[10]

child abuse and neglect—with a particular emphasis on integrated systems of collaboration. To better protect children and support families, the child welfare field is moving in a number of key directions, including:

- **Responding more flexibly** to the variety of cases that enter the child welfare system
- **Using existing networks** of family, kin, faith communities, and neighborhoods to protect children and to strengthen families
- **Engaging families** more effectively in order to enhance their commitment to making the necessary changes
- **Conducting comprehensive assessments** in partnership with the family to determine what must change in order to reduce or eliminate the risk of maltreatment, to ensure safety, and to identify the resources needed to facilitate change
- **Ensuring comprehensive, integrated, and coordinated resources** to protect children
- **Focusing on outcomes**—defining what they are and building accountability for their achievement.[11]

Benefits of Community Partnerships

Community partnerships can provide significant benefits for children, families, service providers, and the community as a whole, including:

- Creation of an integrated **array of services** that meets the multifaceted needs of individual children and families
- **Less duplication** of services and a greater efficiency in the use of resources
- Greater **awareness of available services** for children and families, as well as an understanding of how to obtain those services
- Improvements in the ability to **share information and track families** across agencies
- **Leveraging of interagency resources** and the subsequent reduction in the financial and staff burden on individual agencies
- Improved **access to community leaders**, target audiences, and additional resources for community agencies and organizations
- Increased **accountability of all parties**.[12]

In addition, building relationships with the community can generate important benefits for child welfare agencies, such as:

- Learning about and accessing new resources
- Closing cases more confidently knowing that community services and supports are available to families
- Gaining a critical understanding and perspective of the neighborhoods in which they serve
- Making more informed decisions regarding out-of-home care and placement in the community
- Reducing stress caused by working in isolation from the community
- Increasing local awareness of child maltreatment and related issues
- Forming and strengthening relationships with community members, which can build trust between families and child welfare agencies and other service providers.[13]

For descriptions of several successful community partnerships, see Appendix E, *Examples of Community Partnerships, and Appendix F, Partnerships with the Courts.*

Federal Legislation and Community Partnerships

Federal legislation often serves as a catalyst for bringing communities together to provide services for children and families. Federal programs increasingly require collaboration among community programs to eliminate duplication of services and to identify and fill gaps as needed. Selected child welfare legislation and initiatives that have supported the development of community partnerships include:

- **The Family Preservation and Support Services Program.** Established in 1993 under P.L. 103-66, the Family Preservation and Support Services program, now titled the Promoting Safe and Stable Families (PSSF) program, laid the foundation for the use of Federal funds to support community-level partnerships in order to preserve and support families. Public and private agency partnerships emerged to provide services and support to families, prevent initial or further child maltreatment, and preserve families experiencing crises. When PSSF was reauthorized in 2006 through the Child and Families Services Improvement Act, the Regional Partnership Grant program was established. This program funds regional partnerships to improve permanency outcomes for children affected by methamphetamine or other substance abuse.
- **The Adoption and Safe Families Act (ASFA)**. Introduced in 1997, ASFA (P.L. 105-89) requires States to gain community input on how to achieve three national goals for children and families: safety, permanency, and well-being. ASFA focuses on moving children more rapidly from foster care into permanent homes, while also requiring "reasonable efforts" to rehabilitate and reunify families after children are removed from their homes. One significant effect of ASFA has been increased efforts to bring community resources together in order to help families with multiple needs meet the tightened timeframes for permanency planning.
- **Child Abuse Prevention and Treatment Act (CAPTA**). Most recently amended in 2003 through the Keeping Children and Families Safe Act (P.L. 108-36), CAPTA requires each State to establish a citizen review panel that offers community members the opportunity to ensure that States are adequately protecting children from abuse and neglect. Panel members examine a number of factors, including existing State policies and procedures and the extent to which the State agency is in compliance with its CAPTA State plan. These citizen review panels then are able to formulate creative solutions to challenges States face regarding child maltreatment issues.[14] CAPTA also established:
  - The Community-Based Child Abuse Prevention Program (CBCAP), which provides funding to States to develop, operate, expand, and enhance community-based, prevention-focused programs and activities to strengthen and support families in order to prevent child abuse and neglect.
  - The Children's Justice Act, which provides grants to States to improve the investigation, prosecution, and judicial handling of cases of child abuse and neglect in a manner that limits additional trauma to the child victims, including establishing multidisciplinary programs and training.
- **Fostering Connections to Success and Increasing Adoptions Act.** Signed in 2008, this law (P.L. 110-351) provides Federal funding for relatives caring for foster children (e.g., kinship care), expands the number of children eligible for adoption assistance payments, extends foster care payments to youth up to 21 years old, and increases Tribes' access to foster care and adoption funding. The law also requires child welfare agencies to work with other State agencies to create a plan to better coordinate physical and mental health and education services for children in the child welfare system and to ensure critical information sharing among appropriate care providers.
- **The Child and Family Services Reviews (CFSRs)**. These Federal reviews of State child welfare services, which were designed to strengthen Federal-State partnerships, incorporate the goals of safety, permanency, and well-being and require the involvement of various stakeholders in the review and reform processes. Partnerships are considered vital in order to make the most of the resources available and to create systemic change.

For additional information about child abuse and neglect laws, the CFSRs, and the CPS process, refer to:

- *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice* at **www.childwelfare.gov/pubs/usermanuals/foundation/index.cfm**
- The Laws and Policies section of the Child Welfare Information Gateway at **www.childwelfare.gov/systemwide/laws_policies**
- The Child Welfare Monitoring section of the Children's Bureau website at **www.acf.hhs.gov/programs/cb/cwmonitoring/index.htm**.

CHAPTER 3

Building and Sustaining the Foundation for a Community Partnership

In This Chapter

- Assessing readiness for collaboration
- Identifying potential partners
- Involving and working with families and youth involved with the child welfare system
- Establishing leadership
- Developing a strategic plan and other framework documents
- Coordinating meetings
- Anticipating challenges
- Conflict resolution
- Effective communication
- Incorporating cultural competence
- Establishing partnerships with Tribes
- Working with gay, lesbian, bisexual, and transgender youth
- Securing funding and other resources
- Sustaining partnerships
- Characteristics of successful partnerships

The planning process is one of the most critical steps to establishing a community partnership. The amount of planning that goes into creating a partnership greatly affects both its success and its long-term sustainability. This chapter discusses the steps individuals and organizations should take in order to establish—and sustain—a community partnership. Depending on each partnership's situation, the steps in this process may occur in an order different from the order presented in this chapter. For example, a core leadership group may already be designated for a partnership before its readiness for collaboration has been assessed fully. Also, if a partnership is developed due to the receipt of a grant or participation in a particular initiative, some of the strategic planning or other steps may have already been determined by the funder or organizer. This is essentially a "chicken or the egg" situation, and community partnerships should move through these steps in a manner that best matches their needs and goals.

Assessing Readiness for Collaboration

Before forming a community partnership, it often is necessary to conduct a formal or informal assessment to determine a community or group's readiness and capacity for developing a partnership, how much a partnership could help foster change within that community, and which community challenges are best addressed by a partnership. Assessing readiness also can help identify potential barriers so that they can be discussed early.

Community factors to consider in such an assessment include:

- The history of partnerships in the community

- If the timing is right to start a partnership
- Who or what can help or hinder the collaborative efforts
- If there are enough people willing and able to contribute to the partnership
- If there are leaders who can lend credibility to and help sustain the partnership
- If there is trust among the key stakeholders.[15]

Identifying Potential Partners

The next step in establishing a community partnership is identifying potential partnership members. Child Protective Services (CPS) generally plays a central role in this process by discussing how it can work with others better to protect children and to support families. CPS should ensure that the community does not see the partnership as a

Collaboration Readiness Checklist

The following conditions will help ensure the successful start-up of a community partnership:

- The home, or leading, organization is ready
- The right partners are involved
- A shared vision unifies the partners, and they believe collaboration can make a change
- Partners are aware of what is expected of them
- Partners know the partnership's goals and objectives
- People to do the work have been identified, staffed, and made accountable
- "Best practices" have been researched and shared in the partnership
- Assets (i.e., strengths and supports) residing within the partnership have been mapped
- The partnership encourages participation in the sustainability of its work (i.e., how to keep the work going after changes in funding or membership)
- The partnership actively recruits new members to bring fresh perspectives
- There is a defined model to govern the partnership
- The leadership is effective
- The partnership has a communications and outreach plan
- Financial needs for the partnership are known and addressed
- The partnership's work is monitored, evaluated, and revised regularly
- The partnership knows what challenges it faces.[16]

For more a more detailed checklist, see Appendix G, *The Collaboration Checklist*.

way of "transferring" CPS's legal responsibilities, but rather as a way of working together to achieve common goals.

Committed, hard-working members are the foundation of a thriving community partnership. They should represent a diverse group of people from various agencies, organizations, and community groups, as well as individuals who are involved with populations similar to those being served or are concerned about related issues. Possible community partners include:

- Families, youth, and children from the population served or who have been—or currently are—involved with the child welfare system
- Community professionals, such as physical and mental health workers, child care providers, and school personnel, who work closely with children and families and also have legal responsibilities to report suspected child abuse and neglect
- Law enforcement personnel who become involved when abuse or neglect is severe or is considered a criminal offense
- Court personnel, such as judges, attorneys, and legal aid, who have a significant role in determining whether the harm the child has or could experience warrants removal from the home and placement into out-of-home care
- Public and private service providers, such as those offering services related to child welfare, health care, mental health care, substance abuse treatment, domestic violence, housing, and economic support
- Other community groups and individuals, such as neighborhood groups, faith-based organizations, advocates, and survivors of domestic abuse and child maltreatment.[17]

While the tendency may be to choose personal contacts, well-known people, or individuals who have extensive resources, partners also should possess attributes that allow them to make meaningful contributions to the effort. It is important to consider diverse elements when identifying partners, as outlined in Exhibit 3-1.

Once potential partners have been identified, they will need to be contacted. During the initial conversations with the candidates, communicate:

- The purpose and goals of the partnership
- The partnership's benefits to the community and to the members
- The level of commitment required
- The date and time of the first meeting.

A list of alternate candidates also should be developed in case some people are not able to participate.

For additional resources related to stakeholder involvement and interagency collaboration, visit the National Child Welfare Resource Center for Organizational Improvement website at **http://muskie.usm.maine.edu/helpkids/agency_collaboration.htm** and the National Resource Center for Community-Based Child Abuse Prevention website at **www.friendsnrc.org/cbcap/priority/collaboration.htm**.

Exhibit 3-1 Factors to Consider When Identifying Partners	
Number	Too few members may overburden the partnership, while too many may make it difficult to accomplish specific tasks or manage the group. Depending on the situation, a group of 10–15 individuals usually is considered ideal. If the partnership needs to involve more members in order to have all of the necessary agencies represented, the partnership can establish subcommittees or workgroups for better manageability. Additionally, to keep the group from being too large, each participating organization should only have one representative who can report back to the organization about the partnership's proceedings.
Relationships	Personal or business relationships among members outside the partnership may affect the group; therefore, it is important to be familiar with and to understand those relationships, including prior history of partnerships. If mostly friends, business colleagues, or relatives are selected as members, decisions may be based on discussions, events, or factors that occur outside the group and may cause divisions or a sense of exclusion within the group.
Leadership and Resources	The ability of a member to contribute time, skills, and resources to the partnership is very important. Carefully consider the leadership ability and assets that candidates will provide, based on their connections, job position, access to resources, reputation, and skills, as well as the time they can contribute.
Level of Influence	Some members may be included because they will attract other key individuals to the effort. Celebrities, city or other government officials, and directors of large organizations may be magnets for committed, industrious talent. Even if they do not stay with the project to the end, these individuals may be important to helping the group form. It is equally critical, however, to recognize the importance of grassroots and local community leaders to the success of the partnership.
Readiness for Collaboration	The organizations and individuals should believe that a collaborative process can make a change in the community. The political and social climate within potential partnering organizations should be favorable to participation (e.g., effective leadership, good history of cooperation with others in the community).
Diversity	When creating partnerships, the sponsoring agency often tends to seek out members within its own field. For example, a CPS agency may seek out other child welfare agencies and exclude potential partners from education, mental health, or justice. Businesses, community organizations, families, and representatives from a variety of related fields and with shared interests should be recruited to ensure diversity within the partnership.[18]

Formal and Informal Partners

When discussing community partnerships, the words "formal" and "informal" partners often are used, but these terms may have different meanings to different people. For the purposes of this manual, formal partners are public or private agencies that provide or fund time-limited, direct services to children, youth, and families to address a particular problem (e.g., CPS workers, drug and alcohol abuse treatment providers). Informal partners are organizations or individuals that provide ongoing support to children, youth, and families, but whose primary relationship with them is not necessarily providing direct services (e.g., faith organizations, family members, neighbors, community leaders). Depending on how involved the community is with the CPS system, formal and informal partners and their roles will vary from community to community. However, both formal and informal members should be treated as equal contributors toward accomplishing the mission, goals, and objectives of the partnership

Outreach to Families Involved with the Child Welfare System

Active outreach to families involved with the child welfare system, as well as to other community members, is a vital part of a partnership's success. Families should be invited to help develop all aspects of the partnership so that they feel ownership of the process. They also can assist in identifying neighborhood resources and in recruiting local volunteers.

Collaboration between families and professionals, however, may require additional effort on both sides. The assumptions, viewpoints, and experiences of each group may vary drastically from those of the other. Key steps families and professionals can take to promote collaboration include:

- Acknowledging the need to do things differently
- Being honest with each other and admitting their limitations and strengths
- Facing their fears and discussing them mutually
- Discussing their expectations and assumptions
- Admitting to any anger, frustration, pain, or disappointments in the past and redirecting those feelings in a positive way
- Maintaining a healthy sense of humor
- Remembering to focus on strengths
- Agreeing to disagree and to resolve differences mutually
- Acknowledging the experiences that have brought them to where they are today
- Celebrating cultural differences.[19]

Once established, the partners can engage families and other residents in a number of ways, including:

- Introducing themselves to families and seeking their input on the partnership
- Participating in neighborhood activities and events
- Providing resources for families to implement creative ideas in the community
- Distributing items that feature partnership logos (e.g., hats, magnets) as acknowledgments of involvement and to promote the partnership
- Inviting families to meetings or to other partnership events
- Holding public forums to obtain input from families.[20]

Involving Youth in Community Partnerships

When possible, community partnerships should involve youth in their work, both in terms of gaining their perspective and providing them with opportunities to take action. Youth may benefit from this experience by:

- Gaining skills they will need to become successful adults
- Creating new relationships with adults and peers, further connecting them to their community and enlarging their support network
- Gaining a better understanding of their community and its diversity
- Acquiring a more positive stature in the community
- Beginning to view the world, and their ability to affect it, in a more positive way
- Feeling needed and useful
- Feeling enhanced power, autonomy, and self-esteem.

Adults may benefit by:

- Feeling a stronger connection with the youth in their community
- Gaining a better understanding of the needs of youth
- Feeling a renewed energy for their work
- Gaining an expanded resource base.

Communities and partnerships may benefit by:

- Becoming more focused on the needs of the youth they serve
- Absorbing the unconventional thinking of some youth, which can lead to new solutions
- Developing potential leaders and workers who come from the community
- Using involved youth as positive role models for other youth
- Gaining new resources and support as youth reach out to their parents and other adults.[21]

For more information on potential partners, see Appendix H, *Potential Community Collaboration Partners*.

Establishing Leadership

A partnership's leaders influence its success or failure. Leadership should not be confused with central control (i.e., being the "boss"), but rather defined as a person or group of people who are able to cultivate a sense of responsibility among all the participants, to guide the collaborative process, and to help facilitate the partnership's sustainability. The following leadership attributes are important to community partnerships:

- Commitment to forming a partnership
- Ability to explore multiple viewpoints
- Respect and being regarded as trustworthy in the community
- Sensitivity to members' personal and professional boundaries
- Knowledge about the problems being addressed by the group
- Knowledge about the community and the participating organizations
- Passion for the issue being addressed
- Full support and commitment of the organizations represented in the partnership
- Strong written and oral communication skills
- Time to invest in the partnership.[22]

Developing the Strategic Plan

After it has been determined which individuals and organizations will make up the partnership, the group should develop a strategic plan. This helps guide the partnership toward achieving its goals and improving its performance plan.

A strategic plan typically includes:

- A mission statement
- A results statement
- A definition of roles
- An action plan.

Some of the ideas included in these components may have arisen during the assessment process. Using their various skills and experiences, partners can develop these ideas more fully during the strategic planning process. Members should read and agree to the strategic plan after it is developed and periodically review it in order to maintain priorities and focus, as well as to make any necessary changes. Additionally, new members should review the strategic plan—and any other partnership framework documents—when they join the partnership.

The Mission Statement

The mission statement provides the direction of the partnership. It should be easy to understand and to communicate to the community, stakeholders, and general public.[23] The mission statement should identify and include (1) the population or the issue in the community that the partnership is targeting or addressing and (2) the partnership's vision for what goals might ideally be accomplished.[24] While a mission statement does not address the details of how the problem in the community will be solved, it does emphasize the partnership's vision of the broader goal to be achieved.

The Results Statement

The results statement complements the mission statement by indicating what is needed to achieve the partnership's vision, specifying expected results, and stating who is accountable for their achievement. The anticipated results should include both short- and long-term goals. For example, in a community

partnership seeking to reduce homelessness among families, a short-term goal may be assessing how many families are homeless in the community or what services these families need. A long-term goal for that partnership may be reducing the number of homeless families in the community by 50 percent.

The results statement may be developed along with an evaluation plan for the partnership. An evaluation of the efforts and the results, or outcomes, of the partnership is a wise investment of both time and resources. It will assist the partnership in determining whether its programs have been successful in meeting its goals, in understanding how it can improve upon its work, and in communicating the results to others. More information on evaluations is provided in Chapter 5, *Measuring the Results of a Community Partnership.*

The Definition of Roles

Members can have many roles in the partnership. When collaborating with CPS, individuals and agencies can:

- Support families before there is a need to make a report to CPS
- Provide services and support to families after CPS involvement in order to prevent a recurrence of abuse
- Attend child and family team meetings organized by CPS in order to help make decisions, coordinate care, and monitor progress
- Create "resource maps" to determine what services and supports are available to families in specific neighborhoods and communities and to identify gaps in services and supports
- Become part of a decision-making group or governing body that works continuously to improve service coordination and delivery, community outreach, resource development, or policy
- Assist in evaluation activities and development processes for utilizing data for decision-making and cross-agency planning.[25]

Within the partnership, members may fulfill different roles or work differently than the way they do in their daily professional lives. For example, CPS workers and their supervisors generally make the decisions about their cases. But in a partnership, CPS workers may discuss and make joint decisions with their community partners, possibly including families involved with the child welfare system. Members of a community partnership should be aware that individuals often need time to adjust to new or changing roles.

The Action Plan

The action plan describes the steps needed to achieve the mission, goals, and objectives of the community partnership. It should state what needs to be done, when, and by whom. The action plan should incorporate the roles and skills of the members and the desired results. With a common mission and vision as the focus and with strong leadership in place, members can identify gaps in service delivery, needed resources, and strategies for crafting a comprehensive response for families in need. Examples of approaches addressed in action plans include demonstration projects, legislative or policy changes, or multidisciplinary boards that address co-occurring child maltreatment issues, such as domestic violence and substance abuse.[26]

The following concepts should guide the development of the action plan:

- **Specificity**. State very briefly what actions are to be taken and when they should be started and completed. Vague statements can result in activities that do not lead the partnership toward its specified goals.
- **Responsibilities**. Include descriptions of the work to be completed, the roles and

responsibilities of the partnership members, and the expected completion dates.

- **Budget**. Detail anticipated expenses and funding. It may be useful to organize expenditures by task or phase.
- **Communication**. Determine who is necessary for each action, when they need to be contacted, by whom, and for what purpose.[27]

Developing Other Framework Documents

Once the partnership completes its strategic plan, it will have a roadmap toward its vision. The partnership, however, still needs documents to help define its rules and culture. Just as the strategic plan will vary among partnerships depending on the needs of the community, the rules and the culture of the partnership will vary depending on the needs of its members. Two documents that community partnerships should consider developing are confidentiality regulations and memoranda of understanding (MOUs).

Confidentiality Regulations

Organizations' confidentiality regulations differ. Members of the community partnership should understand each member's legal mandates regarding confidentiality and openly discuss what information

Using Evidence-Based Research to Develop Programs[28]

Partnerships may want to review recent research and literature about evidence-based practices related to their goals and activities. Possible sources of information include:

- *Blueprints for Violence Prevention* (Center for the Study and Prevention of Violence) at **www.colorado.edu/cspv/blueprints**
- California Evidence-Based Clearinghouse for Child Welfare **www.cebc4cw.org/**
- *Guide for Child Welfare Administrators on Evidence Based Practice* (National Association of Public Child Welfare Administrators) at **www.aphsa.org/home/doc/Guide-for-Evidence-Based-Practice.pdf**
- *Model Programs Guide* (Office of Juvenile Justice and Delinquency Prevention) at **www.dsgonline.com/mpg2.5**
- National Registry of Evidence-Based Programs and Practices (Substance Abuse and Mental Health Services Administration) at **www.nrepp.samhsa.gov**
- Promising Practices Network at **www.promisingpractices.net/about_ppn.asp**
- Child Welfare Information Gateway at **www.childwelfare.gov**
- Children's Bureau Training and Technical Assistance webpage at **www.acf.hhs.gov/programs/cb/tta/index.htm**.

In addition, *Identifying and Selecting Evidence-Based Interventions*, published by the Substance Abuse and Mental Health Services Administration, offers guidance on how organizations can determine which evidence-based practices and programs are the best fit for their goals. This document is available at **http://prevention.samhsa.gov/evidencebased/evidencebased.pdf**.

Note: The inclusion of the above resources is not an endorsement of the programs they may describe, and each organization may use different criteria to evaluate the strength of a program's supporting evidence.

will be needed and how best to obtain it. Additionally, the partnership should establish its own confidentiality rules and procedures, including definitions of what information is considered confidential and how to treat confidential information that is shared. Each member should sign a confidentiality statement, which will help establish the boundaries for disclosure of sensitive information and ensure that confidentiality rules and procedures are understood and upheld.

MOUs

MOUs are formal agreements between two or more parties that outline the roles, responsibilities, and expectations of each party. MOUs generally are developed to ensure that the participants understand the scope and boundaries of their relationships to one another. In addition, MOUs should outline the process for any conflict resolution in case any differences of opinion arise among the group. See Appendix I, *Memorandum of Understanding*, for more information.

Anticipating Challenges for a Community Partnership

Even with careful preparation and commitment, community partnerships designed to prevent and treat child abuse and neglect can face unexpected obstacles. In order to maximize its impact, a community partnership should anticipate these challenges and develop ways to avoid or lessen their effects. Common challenges include competing interests, differences in operating procedures and organizational capacity, and the involvement of informal partners.

Rising Above Competing Interests

Organizations and agencies involved in partnerships may have a history of competing with one another for funding or clients. Additionally, there may be existing partnerships or coalitions that feel threatened by the presence of a new group. Since two of the main goals of collaboration are coordination and cooperation, competing interests can be a critical barrier to successful collaboration. Agencies often have different priorities, funding regulations, and ways of operating. The partnership's leadership should be aware of these potential "turf issues" and address them as quickly as possible by, for example, appealing to the members' sense of the common goal or by describing how the partnership will help improve the community. The leadership also may need to demonstrate how working collaboratively can best serve each partner's own interests.[29]

Lessons Learned: Coordinating Community Partnership Meetings

Meetings may be the forum for many partnership activities and decision-making. During meetings, partnership members should emphasize shared expectations and open discussion so that trust can be established and maintained throughout the project. The following are suggestions for coordinating meetings:

Before each meeting:

- Poll members to determine the best or most convenient date, time, or location
- Coordinate meeting logistics, such as refreshments
- Provide any materials for the participants to review, such as the minutes of the prior meeting.

At the beginning of each meeting:

- State the purpose of the meeting
- Allow members to review and to discuss proceedings and action steps from previous meetings
- Review what needs to be accomplished, divide tasks, and assign responsibilities
- Acknowledge contributions and participation.

At the first meeting, discuss:

- The ground rules for participation and decision-making, noting that the group will finalize a set of rules
- What members want to get out of the partnership
- The advantages and the drawbacks of the partnership
- Any potential contributors who may not be present
- The roles of the participants (e.g., clarifying any conflicts of interest or other relationships)
- How to handle information (e.g., data, confidentiality, minutes, dissemination)
- Compensation (if applicable)
- How different traditions or cultures can be incorporated into the partnership's proceedings and work
- Preparing a mission statement
- The desired results and action steps, as well as their timeframes.

After the meeting:

- Write and distribute the meeting minutes as soon as possible to all partnership members.[30]

Decision Impasse: A Note on Conflict Resolution

With most groups, conflicts will occur, and effectively resolving them can strengthen a partnership. In collaborative work, it is important to address conflicts as or before they arise and resolve them within the context of the partnership by considering the following:

- **What is the conflict about?** Because many conflicts stem from different beliefs or ideologies, the members should separate the current conflict from larger struggles.
- **Who is being heard?** When conflict arises, the partnership should make sure that all viewpoints are heard. Ask for input from those who may not be decided or may be reluctant to express dissent.
- **Who will resolve the conflict?** Someone who is viewed as neutral by the conflicting parties can lead a mediation process. It may be necessary for those involved in the conflict to meet with the mediator separately from the group to facilitate discussing the problem.
- **What happens next?** Everyone must resume working together once the conflict is resolved. The partnership cannot always undo the damage caused by words or actions during the conflict, but it should attempt to help those involved reconcile, if necessary.[31]

For more information on resolving conflicts, see Appendix J, *Managing Conflict.*

Minimizing Differences in Operating Procedures and in Organizational Capacity

Working within a community partnership is quite different from working within one's own organization. In a partnership, participants are responsible for joint decisions and for shared interventions, as well as their own agency's priorities. Every organization has its own policies, practices, and procedures, which may not necessarily be the same as those of the community partnership. Members of the partnership should identify any potential issues and bring them to the attention of the partnership's governing body or to the group as a whole so that they may be addressed effectively. Differences among member organizations can include:

- Philosophical approaches and organizational missions
- Operating procedures and organizational capacities to serve children and families
- Policies related to confidentiality
- Methods of meeting with and relating to families
- Approaches to case planning, types of interventions, tracking of progress, and case closure.[32]

Effective Communication

Effective communication is essential for establishing successful partnerships, developing a common purpose, helping to minimize differences, and coordinating efforts, particularly when diverse professional, geographic, social, or ethnic cultures work together. The following are some guidelines for effective communication:

- Use language that is appropriate for *all* the participants' levels of understanding and that supports openness, honesty, and cooperation. Frequently encourage members to ask for clarification if they do not understand something. Members also should not speak in technical terms or use acronyms or jargon without first explaining what they mean.
- Ensure that all partners receive information about meetings, events, and activities. Be mindful that not everyone has Internet or email access.
- Document meeting proceedings and decisions, and send reports to all members.
- Keep any communication as direct and brief as possible. Potential partners often are busy people with numerous roles and responsibilities. Use their time wisely.
- Provide continuous, convenient opportunities for feedback.[33]

Involving Informal Partners

Formal partners may face certain challenges when working with informal partners, who may have differing cultures, values, and priorities. Challenges in working with informal partners can include:

- Defining their roles in order to ensure meaningful and appropriate involvement
- Developing explicit confidentiality policies and procedures for sharing case information with informal partners
- Incorporating the views and involvement of informal resources without the lead agency providing any guidelines for doing so
- Developing different patterns of accountability for informal partners regarding the fulfillment of their roles and commitments
- Encouraging and sustaining their meaningful involvement
- Determining whether compensation will be provided to informal partners who are not involved with the partnership as a part of their jobs (e.g., a family member from the community).[34]

Lessons Learned: How to Involve Informal Partners

The following are examples from the field of ways to involve informal partners:

- Develop significant and specific roles for and in conjunction with them
- Discuss the shared responsibility for keeping children safe
- Understand the levels and types of participation they seek and their motivations for becoming involved
- Respect their roles as important members of the partnership
- Expend the energy and resources necessary to nurture their involvement
- Seek their input continuously.[35]

Using Volunteers

Some informal partners, as well as other individuals who may assist the partnership but are not full members, participate as volunteers. Volunteers are an excellent source of support for community partnerships, but, as with paid staff or staff who participate as a part of another job, volunteer roles and how they are managed must be clearly outlined. Community partnerships may want to utilize the following in order to establish an effective volunteer program:

- A designated coordinator
- A defined volunteer program that outlines volunteers' roles, position descriptions, boundaries, and expectations
- A training program and supporting materials (e.g., a handbook)
- A clear set of rules for volunteers and for staff working with volunteers
- A recruitment and management plan
- A recognition program, such as an annual awards ceremony.[36]

As a part of their volunteer programs, partnerships also should institute a screening process. This process may vary depending on the roles of their volunteers, but the following are steps partnerships should consider:

- Requiring volunteers to submit applications that provide basic information, such as contact information, past volunteer/career experience, references, why they want to volunteer, and their expected time commitment
- Contacting references
- Holding in-person interviews
- Conducting a background check that includes criminal and CPS record checks, especially for any volunteers who will have contact with children or access to their records
- Requesting verification of licensure or educational credits (e.g., proof of being a licensed clinical social worker or having obtained an associate's degree), when required for the position.[37]

Incorporating Cultural Competence

Cultural sensitivity is a critical element in sustaining a community partnership, as well as in working with families, individuals, and groups outside the partnership. Two important principles to consider when working with people from different cultures are:

- Believing that diversity is a good thing and that having different ideals, customs, attitudes, practices, and beliefs does not, in and of itself, constitute deviance or pathology
- Accepting that everyone has biases and prejudices. This helps increase objectivity and guards against judgments affected by unconscious biases.[38]

A community partnership can work to be culturally competent by:

- Being sensitive to cultural values and ways in which decisions are made
- Providing materials that are translated into other languages or hiring interpreters, if required by members of the partnership or by recipients of the partnership's services
- Being respectful of others' beliefs

- Making sure that all materials produced by the partnership are culturally appropriate
- Being willing to provide training to partnership members on cultural competence
- Being open to feedback from representatives of ethnic, religious, racial, and other groups about ways the partnership can better meet the needs of these populations
- Inviting individuals from groups served by the partnership to join as members.[39]

To access child welfare materials in Spanish, including a glossary of English to Spanish and Spanish to English terms, visit Child Welfare Information Gateway at **www.childwelfare.gov/spanish/**.

Establishing Partnerships with Tribes

Partnerships should ensure that they involve Tribes that are part of their communities. When working with Tribes, partnerships should keep in mind the cultural characteristics of the Tribes, as well as how the Tribes' political status and issues (e.g., sovereignty) may affect their participation and expectations. American Indian and Alaska Native Tribes are recognized as separate government entities by the U.S. government. There are various Federal laws that govern Tribal status and rights, including several that focus on child welfare, such as the Indian Child Welfare Act and the Indian Child Protection and Family Violence Act. These laws determine issues such as which types of funds Tribes can directly receive, jurisdiction over child welfare cases, and the placement of Tribal children. Tribes may also have separate agreements with States and localities or be affected by laws or policies at those levels. Partnerships should be aware of Federal, State, and local laws and agreements that affect the rights of Tribal populations, including the impact on funding streams.

The following are ways community partnerships can better work with Tribes and Tribal members:

- Be aware of both the federally recognized and nonrecognized Tribes in their community
- Recruit representatives from each Tribe to be in the partnership and do not expect a representative from one Tribe to speak for another; each Tribe has a unique culture and may have differing opinions about child welfare and related issues
- Ensure that members have opportunities to learn about the culture, history, and child welfare issues of the Tribes in the community
- Help enact systems change in the child welfare and related agencies to ensure that they regularly communicate with Tribal child welfare systems and leaders, understand Tribal issues, determine if clients have a Tribal affiliation, and are in compliance with applicable laws.[40]

For more information about Tribal child welfare issues, visit the National Indian Child Welfare Association at **www.nicwa.org** and Child Welfare Information Gateway at **www.childwelfare.gov/systemwide/cultural/families/indian.cfm**.

For information about incorporating cultural competence when working with families involved with the child welfare system, see Appendix K, *Cultural Sensitivity When Working with Families*.

Working with Gay, Lesbian, Bisexual, and Transgender Youth

Gay, lesbian, bisexual, and transgender (GLBT) youth are significantly more likely to report being the victims of physical and sexual abuse than heterosexual youth.[41] GLBT youth also have a higher risk of substance abuse, depression, dropping out of school, homelessness, depression, and suicide and may frequently be harassed by other youth or significant adults in their lives.[42] When community partnerships work with GLBT youth, they should:

- Understand that GLBT youth face similar developmental stages and challenges as heterosexual youth, but often have additional challenges, such as "coming out" to family and friends
- Not assume that their stresses or other issues are necessarily caused by their sexual identity
- Keep an open and positive attitude
- Learn about GLBT identity development and other issues they face
- Maintain confidentiality for all self-disclosures of being GLBT
- Provide information, as needed, about organizations and services that support GLBT youth.[43]

Additionally, partnerships can learn about how GLBT youth are perceived within the community and assess the partnership's practices—and the practices of the agencies that comprise the partnership—to ensure that:

- Members receive training about issues pertinent to working with GLBT youth
- GLBT youth have the opportunity to discuss their experiences and needs with the partnership
- Services provided by the partnership are welcoming and nonjudgmental toward GLBT youth and, when necessary, target specific issues they may face.[44]

For more information about working with GLBT youth, visit Child Welfare Information Gateway at **www.childwelfare.gov/systemwide/cultural/lgbtq.cfm** and the National Resource Center for Permanency and Family Connections at **www.hunter.cuny.edu/socwork/nrcfcpp/info_services/lgbtq-issues-and-child-welfare.html**.

For more information about how CPS agencies can work with families and other community members, refer to Chapter 4, *Partnering with Child Protective Services*.

Securing Funding and Other Resources

Obtaining grants or other funding is key to building and sustaining the work of a community partnership. Exploring funding options should be an ongoing activity, not something that is done only when a funding source is about to expire. Two of the most common funding strategies community partnerships can employ are braided and blended funding.

- **Braided funding:** several members provide funds to the partnership, but each member's funds maintain their distinct requirements. The use of the funds is clearly defined and cannot change. For example, if a partner has funds that could be used for training and those funds are provided to the partnership, those funds would still need to be used for training.
- **Blended funding:** funds provided by members to the partnership are pooled and do not have

any restrictions on their use. This is more flexible than braided funding because the funds are allocated collectively and can be used however they are needed to achieve the goals of the partnership. For example, with blended funding, if a community agency provided funds to the partnership that were originally intended to purchase office supplies at the agency, the partnership would not have to use the funds to purchase office supplies. The funds could be allocated as necessary by the partnership.[45]

Funders frequently require that applicants collaborate with other agencies and organizations before they can apply for funding. A community partnership demonstrates to potential funders that a program has local support, has a history of resource sharing, and is operating in a cost-effective manner.[46]

Community partnerships can seek funding from various sources, including Federal, State, and local governments; foundations; businesses; community- and faith-based organizations; and individuals. For a comparison of typical funding sources, see Exhibit 3-2.

Exhibit 3-2
Comparison of Funding Sources[47]

Funding Sources	Advantages	Disadvantages
Individuals	• Largest source of giving • Ongoing source one can build upon • Once a giver, typically also an advocate • May also be a volunteer	• Costly to develop (i.e., small return compared to effort) • Hard to find such individuals, except through a broad-based campaign • Risky for the inexperienced fundraiser • Need significant assistance from the organization's board and volunteers
Large Family Foundations	• Source of large sums of money • Accessible, professional staff • Clear guidelines and process • Most likely to research your request • Board volunteers can help, but are not always key	• Often start-up funds only • Lengthy application process • More difficult to access through personal influence • Proposals may be longer
Community Foundations	• Similar to large family foundations • Staff may be accessible	• A particular foundation may be part of a larger foundation • Most money is allocated to special funds
Small Family Foundations	• May fund ongoing operating expenses • Personal influence with board members might help • Guidelines often broad • Not very concerned about grant format	• Hard to access; often no professional staff • Often not large sums of money • May not be possible without personal influence

Exhibit 3-2 Comparison of Funding Sources (Continued)		
Funding Sources	**Advantages**	**Disadvantages**
Large Corporations/ Corporate Foundations	• Can be source of large sums of money • Smaller amounts of money may be ongoing • Professional staff often accessible • May be tied to volunteer involvement • Business strategy may be clear • Source of cause-related marketing	• Large sums of money are not ongoing • Hard to get around staff • Must be within their guidelines • Not likely to contribute if they are not headquartered locally or have a strong local consumer base • Often want board representation
Small Corporations	• Very informal approach • Funding may be ongoing • Personal connections might suffice • Neighborhood focus will help	• Small amounts of money • Narrow range of interest • Personal contacts are key
Federated Funds (e.g., United Way)	• Steady source of relatively large sums of money • Clear process • Professional staff	• Generally cannot be a start-up organization • Must be a social service and fit a priority focus • Lengthy entry process • Time-consuming; must be part of yearly fundraising process with periodic in-depth review
Government	• Large sums of money possible • Clear process • Political clout can help • May be source of ongoing funding	• Application procedures may be long and tedious • Unspent monies may need to be returned • Difficult recordkeeping
Faith-based and Community Organizations	• Often looking for group projects	• In-kind services most likely • Need to fit their service focus, usually a neighborhood or religious outlook

When attempting to secure funding, especially from foundation and corporate sources, community partnerships should keep in mind that funders often value applicants that:

- Have a mission and services that match the funders' goals or interests
- Work with other organizations and avoid duplicating efforts
- Will continuously communicate with them, reporting on progress and achievements and any unforeseen challenges that affect success
- Will recognize their contribution and improve their public image
- Have a history of stability, strong leadership, and effective governance

- Are focused on and can demonstrate results and have a record of success
- Are fiscally sound and use resources effectively
- Have multiple sources of support (e.g., in-kind donations, other grants, volunteers).[48]

Additionally, community partnerships should be aware of common "pet peeves" of funders, such as:

- Failing to follow the grant proposal guidelines
- Not tailoring requests to specific funders (e.g., obviously using form letters)
- Ignoring preferred procedures (e.g., contacting corporate executives directly rather than first approaching the donations department)
- Asking for an amount of money that is inconsistent with the applicant's or funder's average gift size (e.g., asking for $1 million when the partnership has an annual budget of $250,000 or when the funder generally provides awards of $50,000 or less)
- Submitting grant proposals with typos, misspelled words, or poor grammar
- Failing to articulate clear goals and anticipated results
- Not doing their homework before they ask for support (e.g., requesting funds for a child welfare program when the funder only provides awards for animal rescue organizations).[49]

Community partnerships also can secure nonfinancial or in-kind resources to achieve their goals. These resources may include items such as time from volunteers, office space, food donated by restaurants, or supplies. These types of resources can be just as integral to the partnership as monetary resources. Community partnerships also can create MOUs to establish the resources that each agency or individual will provide. (For more information on MOUs, see Appendix I, *Memorandum of Understanding*.)

Additionally, community partnerships should establish who in the partnership will be responsible for collecting, dispersing, and otherwise managing funds. For example, will one partner have responsibility for the funds, will a separate entity be created to manage them, or will each partner maintain control of its own funds and disperse them as needed?[50] Community partnerships also should develop any other necessary guidelines regarding how funds can be used or managed.

For more information about funding, including sources of Federal, State, foundation, and corporate funding and grant writing, visit Child Welfare Information Gateway at **www.childwelfare.gov/systemwide/funding/**, and see Appendix L, *Funding Resources for Community Partnerships*.

Sustaining a Community Partnership

Sustaining community partnerships is a continual challenge. They evolve and add or remove members as the needs of CPS, the community, or the target population change. The partnership should work to maintain the interest and the commitment of existing members, as well as to seek out, when necessary, new members who embrace the vision of the partnership (often known as "new blood"). The partnership also should continuously work to obtain the resources necessary to carry out its activities and anticipate challenges that may arise.

In order to sustain a community partnership, it is necessary to keep members interested and involved. There are numerous ways to maintain high interest, including:

- Ensuring that the meetings are productive, brief, and focused
- Staying on track and continuing to work toward the goals outlined in the strategic plan

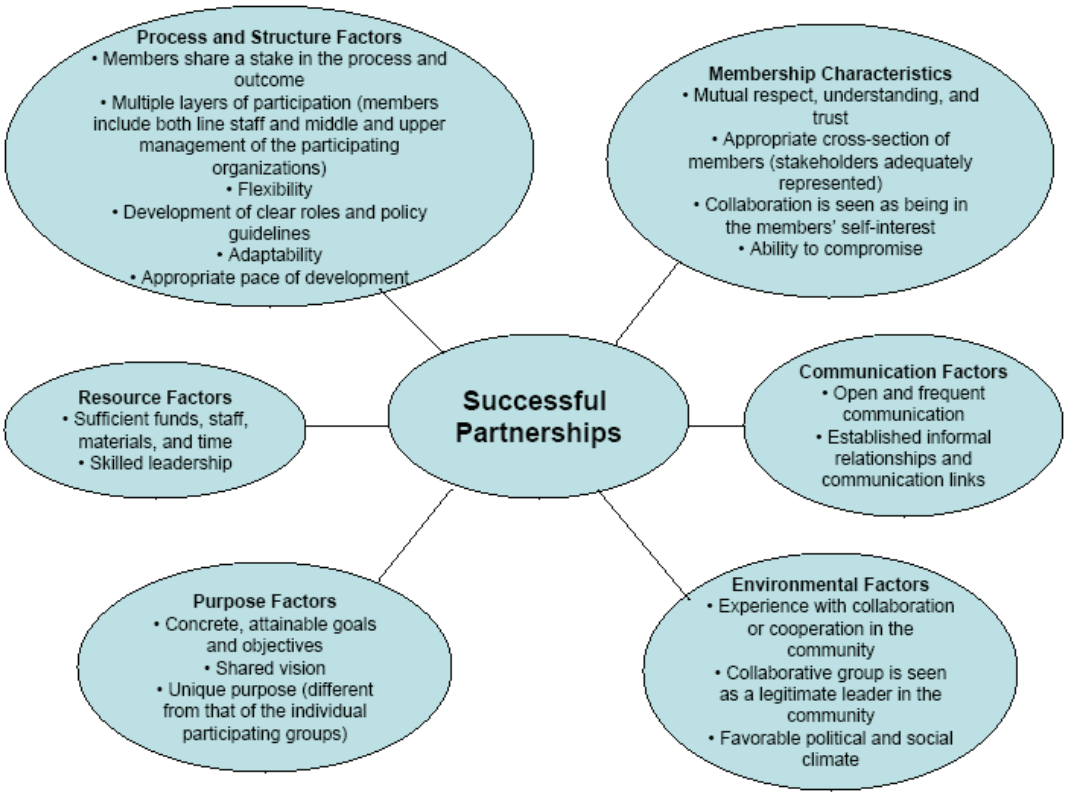
- Highlighting successes and milestones so that members can see progress and achievements
- Being flexible and willing to adapt to changes in the community (e.g., political or legislative changes may lead to opportunities for new activities or programs or the demographics of the population may change)
- Asking members for their input on ways the partnership can be improved.

Collaboration Self-Assessment

Partnerships can use self-assessments to gauge their readiness or progress and to determine adjustments that might improve their success. Children and Family Futures developed the Collaborative Values Inventory to help multidisciplinary professionals develop common principles for their work together and the Collaborative Capacity Instrument to help staff at child welfare and substance use disorder agencies assess their readiness to work more closely with each other. Web-based and printable versions of the self-assessments can be found at **www.cffutures.org/resources/policy-tools**.

An additional instrument can be found in Appendix M, *Community Partnership Self Assessment*.

Twenty Factors for Successful Partnerships[51]



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CHAPTER 4

Partnering with Child Protective Services

In This Chapter

- Changing the CPS response to child maltreatment
- The CPS process
- Differential response systems
- Enhancing the relationship between CPS and service providers
- Involving families and communities
- Working with military families

As a community partnership develops, child protective services (CPS), often as a lead agency, may need to adapt the way it responds to cases of child maltreatment and the way it interacts with other agencies and the broader community.

Changing the CPS Response to Maltreatment

Social services agencies and processes are not always structured to work in partnership with other agencies, groups, or individuals. In order to ease the transition into a community partnership, agencies may need to make changes at varying systemic or practice levels, including how they respond to cases.

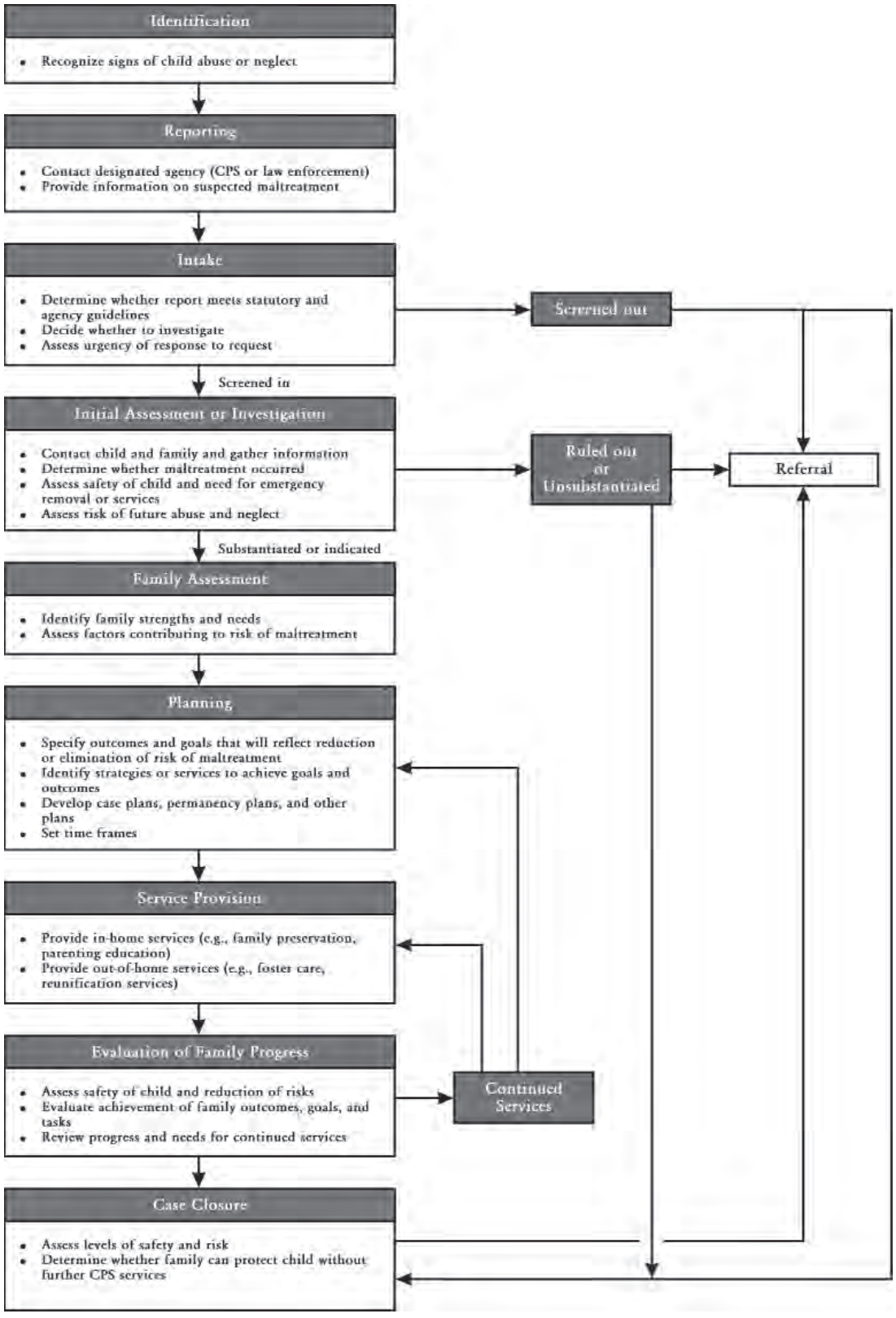
Forging community partnerships may necessitate changes in the CPS response to cases. The traditional response to child maltreatment has been from a single agency and generally focuses on obtaining the facts and information about a child abuse or neglect case and determining whether the child was or is at risk of being maltreated. Exhibit 4-1 shows the traditional structure of the CPS process. The current shift, however, is toward a response that integrates CPS, other agencies and service providers, families, and the community. Partnerships can engage families in a more comprehensive manner and include families' existing support systems, such as extended families or faith communities. Some of the lower risk cases previously served by CPS (or not served at all) might become the responsibility of other agencies in the partnership, as appropriate. For example, agencies that specialize in substance abuse assessment and treatment could perform the initial intake for cases in which substance abuse is the primary cause for the need to protect the children. These agencies can provide the services that the families need, as well

For information about how the child welfare system, substance use disorder treatment providers, and the courts can partner to improve the response to families affected by substance use disorders, refer to the following materials developed by the National Center on Substance Abuse and Child Welfare:

- *Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR)* at **www.ncsacw.samhsa.gov/files/SAFERR.pdf**
- *Improving System Linkages* at **www.ncsacw.samhsa.gov/improving/improving-linkages-2.aspx**
- *Framework and Policy Tools for Improving Linkages Between Alcohol and Drug Services, Child Welfare Services, and Dependency Courts* at **www.ncsacw.samhsa.gov/files/NewFramework.pdf.**

For information about how faith-based organizations can be involved in community partnerships, see Appendix N, *Faith-based Organizations and Community Involvement*.

Exhibit 4-1
The CPS Process



as work with CPS to obtain services to protect the children.[52]

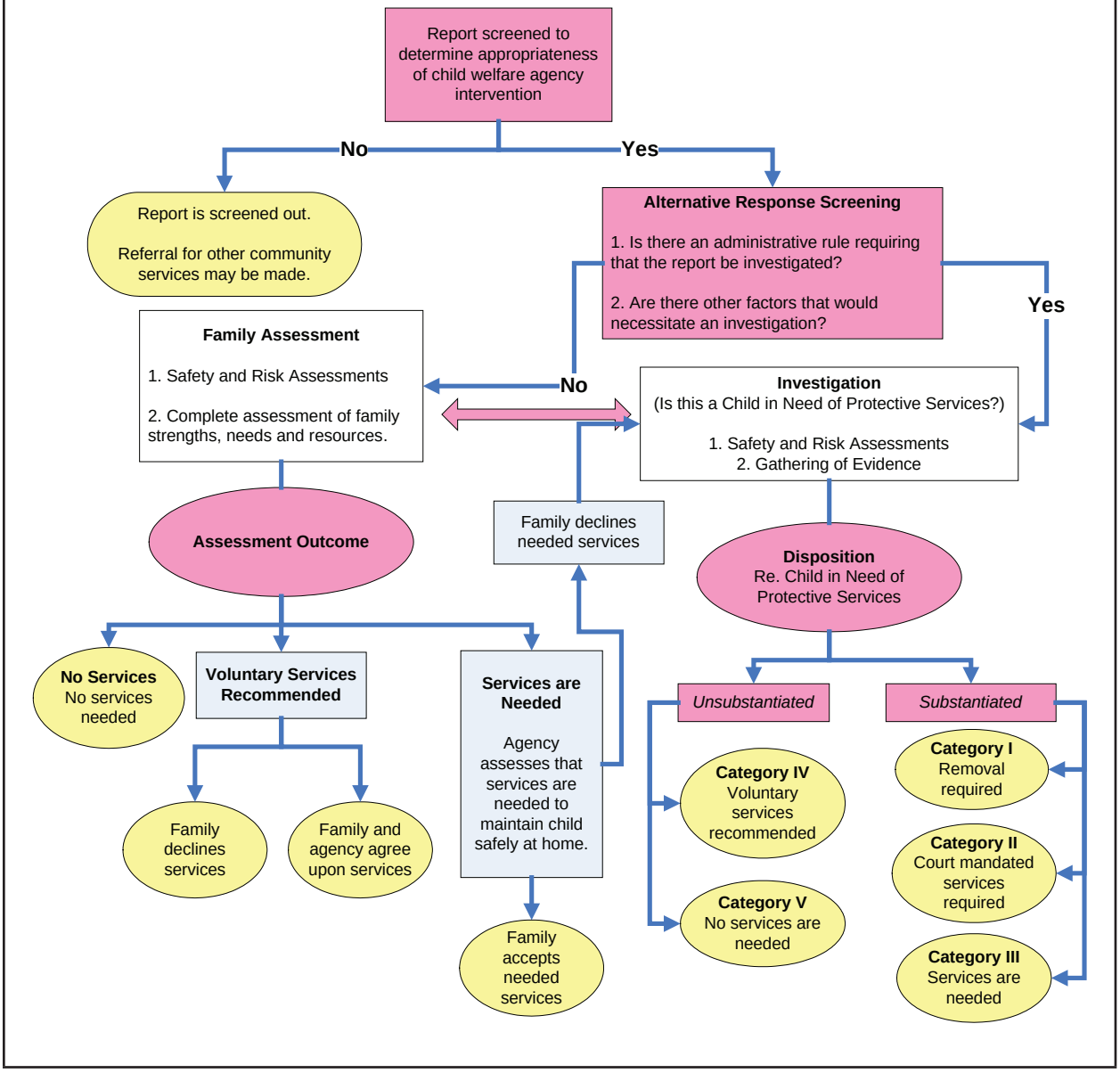
To achieve this type of shift, many States and other jurisdictions use a differential response system (also known as "dual-track," "multi-track," "multiple response," or "alternative response"), which permits CPS to respond according to the degree of risk present and the family's need for support services. For instance, rather than a traditional investigation of all child maltreatment reports, investigations may be reserved for more severe allegations or for cases in which the parents are not cooperative. In less severe cases in which the parents are willing to receive assistance, both CPS and the families may benefit from a less adversarial process whose goals are to assess the families' needs and connect them with the appropriate services.[53] A statutory change at the State or local level might be required to have more than one type of response to reports of maltreatment. See Exhibit 4-2 for an illustration of a differential response system.

Other ways in which States and other jurisdictions are changing their response to cases of suspected child maltreatment include:

- Using co-located substance abuse screeners in child welfare offices
- Having law enforcement officers investigate serious physical and sexual abuse cases either alone or with child welfare staff
- Utilizing child advocacy centers to conduct multidisciplinary investigations for cases of serious physical or sexual abuse.

For additional information about different types of child welfare practice, see the National Quality Improvement Center on Differential Response in Child Protective Services at **www.differentialresponseqic.org/** and Appendix O, *Child Welfare Practice Comparison: Conventional, Family-centered, and Community-centered*.

Exhibit 4-2
Differential Response System[54]



Changing Staff Organization and Development

A CPS agency can enhance its capacity to work in a community partnership by restructuring the way it organizes and develops its staff. One way to achieve this is by stationing CPS staff in schools, community centers, or family resource centers so that they are working within the community setting. The following are tips for placing CPS workers in community settings:

- Establish a team, including frontline workers, to outline the goals, structure, and policies that will shape this type of position
- Consider the logistical requirements, such as office space, equipment, and communication
- Approach potential partners in other fields (e.g., mental health, domestic violence, substance abuse) about the possibility of co-locating staff in the community
- Start with staff who are already proponents of this approach
- Before staff are placed in the community setting, research what organizations, services, and supports are already available in the community, how they are compatible with what the agency can provide, and how they are valued.

Other ways to make staff and organizational changes include:

- Restructuring the organization of frontline workers by geographical area or by specialization
- Generating position descriptions, employee evaluation factors, and caseload size criteria that foster partnership activities
- Cross-training staff from different agencies and having CPS workers shadow staff from partner agencies, as discussed later in this chapter
- Providing staff with compensatory time for working with the partnership outside of their normal working hours.[55]

Enhancing the Relationship Between CPS and Service Providers

Service providers and CPS workers, despite any differences, share one primary goal—serving children and families. To achieve this mutual goal, CPS workers can take the initiative to build collaborative relationships with service providers and to develop a common understanding of their respective roles and responsibilities. The following sections outline how this can be achieved.

Shadowing Activities

Visiting another practitioner's or organization's office can be a simple but effective way to build relationships. Similarly, CPS workers can invite service providers to listen in on child abuse hotline calls or to accompany them on a child abuse investigation, provided this is allowed and confidentiality procedures are followed. By doing so, service providers can learn when CPS accepts a referral for assessment, how they conduct an assessment to determine child safety, and how they make the decision that a case meets the legal definitions for abuse or neglect. The partners will see that many of the families entering the CPS system have multiple needs and that CPS workers face the difficult task of assessing and responding to several problems in addition to child maltreatment, such as substance abuse, housing concerns, or domestic violence.

Cross-training Opportunities

Regardless of who hosts the training or its focus, cross-training allows CPS workers and other service providers to receive and provide relevant information

Community Partnership Training for Child Welfare Workers

The National Child Welfare Resource Center for Family-Centered Practice, with assistance from the State of Maryland Department of Human Resources, In-Home Services, and Department of Social Services staff from Baltimore City, developed a curriculum to provide child welfare workers with the knowledge, values, and skills to create, use, and sustain community partnerships. To view the curriculum, go to **http://tatis.muskie.usm.maine.edu/pubs/pubdetailWtemp.asp?PUB_ID=B060059**.

simultaneously about their respective processes and subject areas. CPS workers can invite service providers to inservice trainings where they provide important information regarding the definitions of child maltreatment, the legal mandate CPS must follow, the criteria for reporting to CPS, and the CPS process. This offers an opportunity to clarify any misconceptions about roles, responsibilities, and authority. CPS workers likely will see that some partner agencies struggle with mandatory reporting requirements because they fear that victims will be "revictimized," that it will cause the family to lose its children, or that they are breaking client confidentiality. CPS workers can ease such apprehensions by explaining the criteria for case substantiation, the reasons behind protective custody decisions, and the required legal steps in the child protection process. Further, CPS workers can offer to help partner agencies develop protocols and staff trainings on mandatory reporting to CPS. Similarly, service providers and other organizations can invite CPS workers to relevant trainings, such as on appropriate safety measures for victims of domestic violence, perpetrator intervention programs, and community aftercare programs for families dealing with maltreatment.

Integrating Case Practice Knowledge and Expertise

CPS workers can include other service providers in making case decisions and hold interagency staff meetings at critical decision-making points. It also may be helpful to have the service providers facilitate family group decision-making sessions for CPS cases. (Family group decision-making is discussed in more detail later in this chapter.) This integration of specialized knowledge contributes to more informed decisions, thereby benefiting the safety and well-being of all family members. It also engages service providers in the CPS process, helps them understand the Adoption and Safe Families Act timelines (e.g., the requirement to initiate the termination of parental rights if a child has been removed from the home for 15 of the last 22 months), and increases their awareness of service planning efforts. Service providers can also observe juvenile court proceedings to learn when protective custody is necessary, the implications of reunification efforts, and the conditions for recommending termination of parental rights.

Sharing Information

Information sharing and confidentiality issues frequently present barriers to collaboration and can generate negative stereotypes. Service providers often may be considered uncooperative with CPS and overly protective of their clients. On the other hand, the service providers may perceive CPS workers as unwilling to share information when they will not provide information about shared clients. CPS workers can help counteract this misconception by explaining that case record information is protected through agency policy or statutes limiting their ability to share information. They can collaborate by informing service providers of case decisions (when appropriate and allowed), explaining the CPS process, consulting with them on practice approaches, and including them in case planning.

Service providers can explain to CPS workers their confidentiality policies and their clients' expectations that the sensitive information they discuss will not be used against them. They can also ask CPS workers for recommendations for developing practice guidelines for reporting to CPS and for sharing client information. In some instances, clients may be asked to sign consent forms so that case information may be shared with other service providers.[56] (For additional information on consent forms, see Exhibit 4-3. For a sample form, see Appendix P, *Sample Consent Form*.)

Involving Families and Communities

A key component of a successful community partnership is the involvement of families, youth, and children. Active engagement and involvement of families is too vast a subject to be explored fully in this manual, but systems of care and family group decision-making are two models currently used in child welfare practice that incorporate many of the factors discussed throughout this chapter.

Systems of Care

Systems of care is a framework that builds upon the idea of community partnerships by using a multidisciplinary, integrated approach to support children and families who have complex needs. A child-centered, family-focused, community-based, and culturally and linguistically competent philosophy guides the systems of care framework. (For a full description of the core values and principles of the systems of care approach, see Appendix Q, *Systems of Care Values and Principles*.) Communities embracing these values bring together various agencies, families, and other formal and informal support systems to share resources and responsibilities in order to provide seamless services and supports to children and families. It also can be a catalyst for changing the way public agencies organize, purchase, and provide services for children and families with multiple needs. This approach enables cross-agency coordination of services regardless of where or how children and families enter the system. To build systems of care, partners should:

- Agree on common goals, values, and principles, including safety, permanency, and well-being, that will guide their activities
- Develop a shared infrastructure to coordinate efforts toward these common goals
- Work within that infrastructure to ensure the availability of a high-quality array of community-

Exhibit 4-3
Developing and Using Consent Forms

The following may be helpful to community partnerships when developing and using consent forms:

- **Include all necessary parties**. The consent form should include all parties that may need access to case information (e.g., CPS workers, attorneys, service organizations, substance abuse treatment professionals), as well as all parties required to grant that access (e.g., all legal caregivers or guardians, the child, guardian ad litem).
- **Define the information to be shared**. The consent form should define and limit the information that can be shared between parties and include the purpose for the information sharing.
- **Specify the duration of the consent**. The form should specify a date, event (e.g., filing of termination of parental rights), or condition (e.g., child returns to biological family) for the consent to expire.
- **Obtain consent as early as possible**. This helps ensure that information can reach the appropriate parties early in the case, intervention, or assistance process, which can save valuable time and assist in creating a collaborative and comprehensive process.[57]

based services to support families and to preserve children safely in their homes and communities.[58]

For more information on systems of care, visit **www.childwelfare.gov/systemwide/reform/soc/**.

Family Group Decision-Making

Families who believe that their feelings and concerns are heard are more likely to be engaged. Therefore, decisions regarding outcomes, goals, and tasks should be a collaborative process involving the CPS worker, family, family network, and other providers. CPS workers should help the family maintain a realistic perspective on what can be accomplished and on how long it will take.

Family group decision-making includes various approaches in which family members are brought together to make decisions about the care of their children and to develop a plan for services. Several other names may be used for this type of intervention, including family team conferencing, family team meetings, family group conferencing, family team decision-making, family unity meetings, and team decision-making. There are some differences among these approaches, but most include several phases and often a trained facilitator or coordinator.[59]

In family group decision-making, the family, service providers, and other individuals or agencies of the family's choosing discuss a plan for the protection of the child. The goal is to develop a case plan based on the child's safety and needs, the family's priorities, and the availability of services and resources to support the necessary changes. The meetings can be organized by any member of the partnership and should be attended by all relevant partner agencies.[60]

Involving the family has many benefits, among them:

- Enhancing the essential helping relationship because the family's feelings and concerns have been heard, respected, and considered
- Facilitating the family's investment in and commitment to the outcomes, goals, and tasks
- Empowering parents or caregivers to take the necessary action to change the behaviors and conditions that contribute to the risk of maltreatment
- Maintaining family continuity and connection
- Ensuring that the agency and family are working toward the same end.[61]

For more information about family group decision-making, visit the National Resource Center for Permanency and Family Connections website at **www.hunter.cuny.edu/socwork/nrcfcpp/info_services/family-group-conferencing.html**.

For additional information about how CPS and service providers can work with families and communities to strengthen families and prevent maltreatment, view the *Strengthening Families and Communities: 2010 Resource Guide* at **www.childwelfare.gov/pubs/res_guide_2010/**. This document includes information about engaging communities, discusses protective factors, and offers tip sheets (in both English and Spanish) for parents and caregivers.

Working with Military Families

Community partnerships, as well as the traditional child welfare system, should be aware of the unique experiences and situations of military families that may affect the prevention of and response to child maltreatment. In addition to stress factors experienced by many civilian families (e.g., finances, careers), military families may be affected by the deployment of members to combat duty, as well as their reintegration. Deployment is associated with increased stress in nondeployed parents and stress and behavioral problems in children—all of which increase the risk of child maltreatment.[62] Recent studies have shown that levels of child maltreatment among military families increase during deployments and that nonmilitary caretakers were most often the perpetrator.[63]

The military, as well as civilian organizations and agencies, provide prevention, treatment, and outreach services specifically for military families at risk for child maltreatment. In 1984, the Department of Defense established the Family Advocacy Program (FAP) to address child maltreatment and domestic violence in military families. Each military branch has its own FAP, and local FAPs are located on military bases. FAPs work closely with military command, military law enforcement, medical staff, family center personnel, chaplains, and civilian organizations (such as CPS) to assist children and families.[64] FAPs may provide a variety of services, including stress management, parent education, conflict resolution, safety education, and victim advocacy and support.

Military families can report suspected child maltreatment to the Department of Defense Child Abuse Safety and Violation Hotline at (800) 336-4592, to their local FAP (visit MilitaryHOMEFRONT at **www.militaryinstallations.dod.mil** to find local FAP contact information), or to their State's child abuse and neglect reporting hotline (see Appendix C, *State Telephone Numbers for Reporting Suspected Child Maltreatment*). If the FAP is contacted first, it will alert the local CPS agency and work with that agency to investigate the suspected maltreatment.

For additional information about military support for children and families, visit **www.militaryhomefront.dod.mil/**.

CHAPTER 5

Measuring the Results of a Community Partnership

In This Chapter

- Understanding the importance of an evaluation
- Engaging partners in the evaluation
- Conducting an evaluation
  - Prepare
  - Develop the logic model and evaluation plan
  - Collect data
  - Analyze data
  - Share and use the results

Evaluation should be built into any program that provides supportive services to children and families. Conducting an evaluation, therefore, should be a part of any community partnership. It is not a one-time-only activity, but a cyclical process that involves careful thought about the people being served, the challenges they face, and the changes that the partnership's services might bring. Evaluation allows partnerships and programs to measure their results and to determine if they are achieving their goals. But the process does not end there. Rather, good evaluation requires reflecting upon what has been learned and adjusting the services, programs, or partnership accordingly. The net result will be stronger and more effective community-based child abuse prevention programs.[65]

Partnerships that receive funding from a Federal grant or contract, and many programs receiving State, local, or private funds, are required to collect data in order to demonstrate the impact of their projects. Organizations' experience in data collection and evaluation can range from developing quasi-experimental research projects to having minimal or no experience.

Understanding the Importance of an Evaluation

An evaluation serves a variety of purposes and can enhance the work of the community partnership. It should be a shared process among all the partners and key stakeholders and does not need to be time-consuming or expensive to be useful. Although funders may require an evaluation, the children, families, and communities affected also deserve this investment of time, money, and effort so that they understand the effectiveness of the programs intended to serve them. Evaluation helps:

- Determine what is and is not working
- Show funders and the community what the partnership does and how it benefits the community
- Raise additional money for the partnership program by providing evidence of its effectiveness

- Improve the partners' work by identifying strengths and weaknesses
- Add to the existing knowledge in the child welfare and human services fields.[66]

Partnerships should identify clear outcomes and indicators to help answer whether and how the practices and services are working, as well as how or if they should be adjusted when it appears that the desired outcomes are not being reached.

Engaging Partners in the Evaluation

The following strategies may help a partnership engage its members in the evaluation:

- Demystify evaluation by explaining that it does not have to be difficult and is something that everyone can do
- Explain that evaluation is a way to answer questions and obtain information that can be useful to the partnership, such as uncovering its strengths and weaknesses and making needed changes (i.e., how does the partnership know if what it is doing works?)
- Have members think about ways in which evaluation can help the partnership improve and achieve its goals
- Brainstorm ways that evaluation can serve the partnership's interests, such as giving members information that they can bring back to their agencies or organizations in order to gain more support
- Integrate evaluation into day-to-day work so that it is not an overwhelming task to be done at the end of the partnership or project.
- Share information about the effect that evaluations of other initiatives have had on funding, support, public visibility, and other important factors. For example, only programs that have been evaluated can be called "evidence-based.[67]

Conducting an Evaluation

The scope and complexity of an evaluation can vary greatly and depend on the needs and the capabilities of the organizations involved. The following basic steps to conducting an evaluation were adapted from U.S. Department of Health and Human Services, Administration for Children and Families materials and the Evaluation Toolkit from the FRIENDS National Resource Center for Community-based Child Abuse Prevention.[68] They are applicable to all evaluations, no matter their size or complexity.

Prepare for the Evaluation

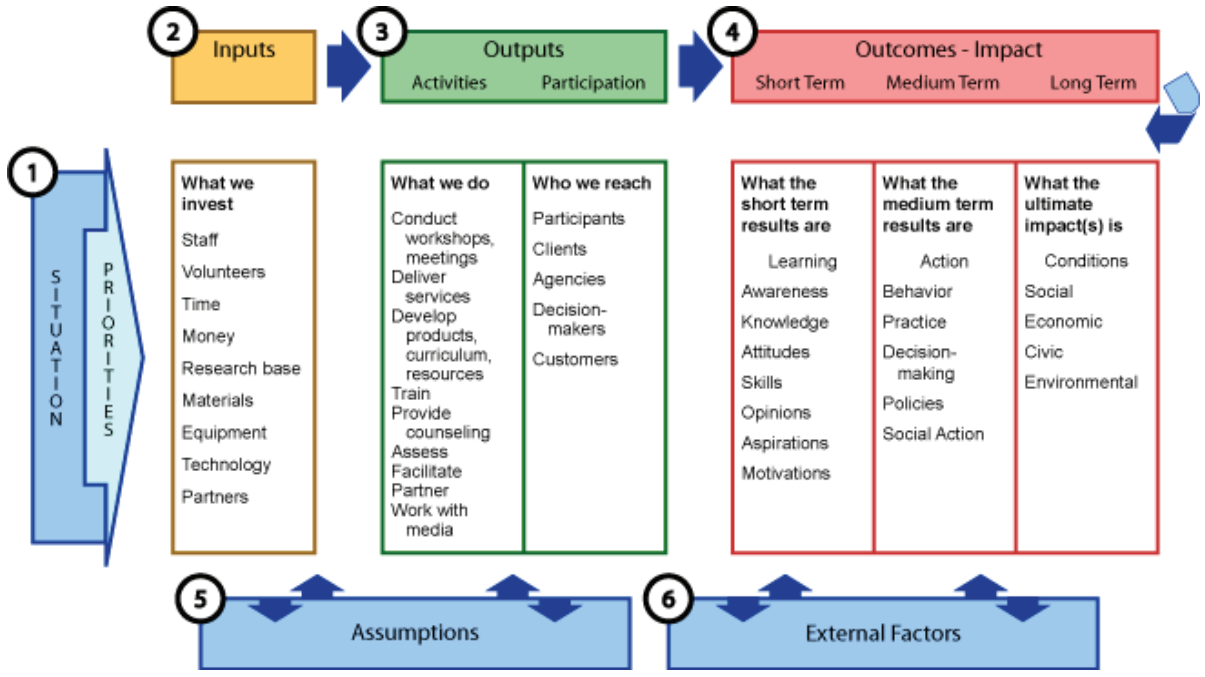
All evaluations deserve careful planning. Since members of the partnership have a stake in the results and will likely be assisting in the implementation of the evaluation, they should all be involved in its planning. This includes a discussion of:

- The evaluation management and the timeline
- How the results will be used
- The potential challenges and facilitators
- The necessary resources, including funds and time
- Any prior evaluation efforts that may be similar in scope and issue area
- Whether to include outside organizations or individuals who have additional experience with evaluations (i.e., an independent evaluator).[69]

Develop a Logic Model

A logic model is a "map" of the partnership's program. It is a simple, understandable illustration of what the program does, why it does it, and how to know if the program is successful. There are a wide variety of logic model formats, but most show the relationships between a partnership's inputs (e.g., staff, funds), the outputs (e.g., partnership activities, services provided), and the outcomes that result from the program (e.g., increased public awareness of the dangers of child neglect, improved parenting skills, reduced family violence). A logic model can help the partners determine what will be measured during an evaluation and also can be useful in the planning stages of a community partnership. Exhibit 5-1 shows an example of a logic model.

Exhibit 5-1
A Logic Model[70]



The core components in this model are as follows:

1. The situation and priorities assessment includes an analysis of the problem to be addressed, the partnership's priorities, and how factors such as the partnership's mission statement and values will affect the solution.
2. The inputs are the resources, the contributions, and the investments that go into the program.
3. The outputs are the activities, the services, the events, and the products that reach the children and families who participate or who are targeted.
4. The outcomes are the results or the changes for the individuals, the groups, the communities, the organizations, or the systems.
5. The assumptions are the beliefs the partnership members have about the program, the people involved, and the context and the way in which the members think the program will work.
6. The external factors are the environment in which the program exists and includes those factors that interact with and that influence the program's actions and outcomes (e.g., the economy, the neighborhoods, grassroots support).

For more information on logic models, including a logic model builder, visit the Child Welfare Information Gateway website at **www.childwelfare.gov/preventing/developing/toolkit/**.

Develop an Evaluation Plan

To help the partnership determine if it is achieving its goals, its members can use the logic model to develop measurable indicators of success or progress (e.g., decreasing the number of child maltreatment recurrences). They also should determine how to collect this information, such as using:

- Surveys and questionnaires
- Interviews
- Standardized tests and instruments
- Observations
- Focus groups
- Case studies
- Program records
- Existing data.[71]

The measurement tools can be as simple and basic as staff observations and self-reported participant satisfaction surveys, or they may include more complicated methods, such as standardized tests. For an annotated list of measurement tools, go to **http://friendsnrc.org/outcome/toolkit/annot.htm**. Also, refer to Appendix R, *Sample Evaluation Implementation Plan*.

Collect Data

Data for the evaluation should be collected at appropriate intervals. Data sometimes are collected only once during the evaluation, while other data may be gathered on a more regular basis. In order to preserve the credibility (or "integrity") of the evaluation, the data collection should be completed on schedule and as planned. The partnership should keep in mind any legal or ethical issues, such as confidentiality and consent, which may arise when collecting data.

Analyze the Data

The partnership should organize and analyze the data once all necessary information has been collected. The presentation of the data does not need be complicated to be meaningful. If the partnership wants to conduct a more indepth analysis of the data, but does not have any members who are experienced in this area, it may want to consult with outside resources, such as a university.

The faculty, staff, or students from a local college or university who are involved with the issues being addressed can be valuable resources for a partnership. For example, in Cook County, Illinois, graduate students in social work were involved in community partnerships. The students used data about the partnerships' activities for their theses and for program evaluation, giving the partnerships the benefits of the students' expertise and analysis.[72]

Share and Use the Results

Once the data have been collected and analyzed, the results should be shared with the partnership, the stakeholders, the funding sources, the community, and other relevant outside sources. The results of the evaluation should assist the partnership

Institutional Review Boards (IRB)

Before they can begin, many evaluations are required to participate in a hearing before an IRB. This is a committee of researchers, community advocates, and others that ensures that an evaluation is ethical and that the rights of the participants in the study are protected.[73] The partnership's evaluator or funder will be able to provide guidance on whether an IRB is required.

in strengthening its activities and in serving the community better. Tips to keep in mind when sharing the results include:

- Remember that a picture (graph, table, or photo) is often better than a lot of numbers and words
- Ensure that each graph or table asks a question and then answers it
- Be concise
- Offer explanations or possible reasons for negative findings
- Write a bulleted summary at the beginning or end (no more than 1–2 pages)
- Close the report with one or two stories to enliven the report and to "put a face" on the statistics
- Present the report to the board and staff before releasing it to the public.[74]

It is important to remember that the primary reason for the partnership's evaluation is to improve services to children and families. Sharing the results in a report or a presentation allows the partnership to reflect on how services should be strengthened or altered to meet the needs of families better.

For more information about conducting an evaluation, visit **www.acf.hhs.gov/programs/opre/other_resrch/pm_guide_eval/index.html**.

Conclusion

Because of their ability to make the response to child abuse and neglect more comprehensive, efficient, and inclusive, community partnerships are a promising approach to improving the safety, permanency, and well-being of children. When developing and sustaining community partnerships, the members frequently are required to shift from their traditional roles and to work in a more collaborative manner. This may not always come naturally to members of a partnership, but through their deep commitment to child, family, and community well-being, they will be able to improve their response to the complex issue of child maltreatment.

For additional information about community partnerships, refer to Appendix S, *Community Partnership Resources*.

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Endnotes

1 U.S. Department of Health and Human Services, Administration for Children and Families (ACF). (2010). *Child maltreatment* 2008. Available: www.acf.hhs.gov/programs/cb/pubs/cm08/index.htm.

2 U.S. Department of Health and Human Services, ACF. (2005a). *National Survey of Child and Adolescent Well-being (NSCAW): CPS sample component wave 1 data analysis report*. Available: www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/cps_sample/cps_title.html; U.S. Government Accountability Office. (2006). *Child welfare: Improving social service program, training, and technical assistance information would help address long-standing service-level and workforce challenges (GAO-07-75).* Available: www.gao.gov/new.items/d0775.pdf.

3 Walter R. McDonald & Associates, Inc. (2001). *National Study of Child Protective Services Systems and Reform Efforts: Literature review*. Washington, DC: U.S. Department of Health and Human Services, ACF, & U.S. Department of Health and Human Services, Office of Assistant Secretary for Planning and Evaluation (ASPE); National Resource Center for Family-Centered Practice. (2000). Community collaborations: A growing promise in child welfare. *Best Practice, Next Practice, 1*(2), 1–3*;* National Child Welfare Resource Center for Organizational Improvement. (2005a). Stakeholder involvement in child welfare. *Child Welfare Matters*. Available: http://muskie.usm.maine.edu/helpkids/rcpdfs/cwmatters2.pdf; Center for the Study of Social Policy, Center for Community Partnerships in Child Welfare. (2003). *Child welfare summit: Looking to the future: An examination of the state of child welfare and recommendations for action.* Available*:* www.cssp.org/uploadFiles/CSSP_ChildWelfare_FINAL.pdf.

4 Child Welfare Information Gateway. (2000). *Communities have the power to prevent child abuse and neglect*. Available: http://cbexpress.acf.hhs.gov/articles.cfm?&issue_id=2000-03&article_id=37.

5 Winer, M., & Ray, K. (1994). *Collaboration handbook: Creating, sustaining, and enjoying the journey* (p. 24). Saint Paul, MN: Amherst H. Wilder Foundation.

6 Annie E. Casey Foundation. (2005a). *Building community partnerships, step by step*. Available: www.aecf.org/upload/pdffiles/familytofamily/bcp_step_by_step.pdf.

7 National Child Welfare Resource Center for Organizational Improvement. (2005b). *Developing community partnerships in child welfare*. Available: http://muskie.usm.maine.edu/helpkids/rcpdfs/CWPartners.pdf.

8 U.S. Department of Health and Human Services, ACF, & U.S. Department of Health and Human Services, ASPE. (2001). *National Study of Child Protective Services Systems and Reform Efforts: Literature review*. Available: http://aspe.hhs.gov/hsp/protective01; Schene, P. (2005). The emergence of differential response. *Protecting Children*, *20*(2 and 3). Available: www.americanhumane.org/site/DocServer/PSchene_article.pdf?docID=4529; Waldofogel, J. (1998). Rethinking the paradigm for child protection. *Future of children, 8*(1), 104–119; U.S. General Accounting Office. (1997). *Child protective services: Complex challenges require new strategies*. Washington, DC: Author; Farrow, F. (1997a).

Child protection: Building community partnerships. Cambridge, MA: Harvard University.

[9] Child Welfare Information Gateway. (2008). *Differential response to reports of child abuse and neglect*. Available: www.childwelfare.gov/pubs/issue_briefs/differential_response/ index.cfm.

[10] National Child Welfare Resource Center for Family-Centered Practice. (2000).

[11] U.S. Department of Health and Human Services, ACF, & U.S. Department of Health and Human Services, ASPE. (2001); U.S. Department of Health and Human Services, ACF, & U.S. Department of Health and Human Services, ASPE. (2003). *National Study of Child Protective Services Systems and Reform Efforts: Findings on local CPS practices*. Available: http://aspe.hhs.gov/hsp/CPS-status03/cps-practices03; Merkel-Holguin, L., Kaplan, C., & Kwak, A. (2006). *National Study on Differential Response in Child Welfare* [Online]. Available: www.americanhumane.org/site/DocServer/National_Study.pdf?docID=4761.

[12] Child Welfare Information Gateway. (2009). *Collaborating with your community*. Available: www.childwelfare.gov/preventing/developing/community.cfm; Taylor-Powell, E., Rossing, B., & Geran, J. (1998). *Evaluating collaboratives: Reaching the potential*. Madison, WI: University of Wisconsin-Extension; Promising Practices Network. (2004). *Forming, funding, and maintaining partnerships and collaborations*. Santa Monica, CA: RAND Corporation

[13] Annie E. Casey Foundation. (2005a).

[14] Kot, V., Bruner, C., & Scott, S. (2001). *Citizen review panels for the child protective system: Guidelines and protocols*. Chicago: Prevent Child Abuse America.

[15] Kelly, K. J., Plested, B. A., Edwards, R. W., Jumper Thurman, P., Comello, M. L. G., & Slater, M. D. (2003). *The Community Readiness Model: A complementary approach to social marketing*. Available: www.biz.colostate.edu/SocialIssues/Marketing%20Theory%202003.pdf; National Network for Collaboration. (1995). *Collaboration framework: Addressing community capacity*. Available: http://crs.uvm.edu/nnco/collab/framework.html.

[16] Williams Torres, G., & Margolin, F. S. (2003). *The collaboration primer: Proven strategies, considerations, and tools to get you started*. Available: www.hret.org/hret/programs/content/colpri.pdf.

[17] Williams Torres, G., & Margolin, F. S. (2003); Bragg, H. L. (2003). *Child protection in families experiencing domestic violence*. Available: www.childwelfare.gov/pubs/usermanuals/domesticviolence.

[18] Brown, E. G., Amwake, C., Speth, T., & Scott-Little, C. (2002). *The continuity framework: Building home, school, and community partnerships*. Available: http://ecrp.uiuc.edu/v4n2/brown.html; National Network for Collaboration. (1995); Taylor-Powell, E., Rossing, B., & Geran, J. (1998).

[19] Bryan, S., & Southern, L. (2004). *Walk a mile in my shoes*. Available: www.cyc-net.org/cyc-online/cycol-0304-bryan.html.

[20] Center for the Study of Social Policy. (2001). *Community partnerships for protecting children*. Available: www.cssp.org/uploadFiles/Rollout%20Guidance.pdf.

[21] National Child Welfare Resource Center for Organizational Improvement, & National Child Welfare Resource Center for Youth Development. (2007). *2007 CFSR toolkit for youth development: Engaging youth in the Child and Family Services Review*. Available: http://muskie.usm.maine.edu/helpkids/rcpdfs/CFSRtoolkit.pdf.

[22] Oregon State University, Chandler School for Community Leadership. (n.d.). *Community-based collaboration: Community wellness multiplied*. Available: http://crs.uvm.edu/nnco/collab/wellness.html#enhance; Williams Torres, G., & Margolin, F. S. (2003).

[23] National Child Welfare Resource Center for Organizational Improvement. (2002, Spring). Strategic planning for child welfare agencies. *Managing Care for Children and Families*. Available: http://muskie.usm.maine.edu/helpkids/rcpdfs/mcIV1.pdf.

[24] Kettner, P. M., Moroney, R. M., & Martin, L. L. (1999). *Designing and managing programs: An effectiveness-based approach* (2nd ed.). Thousand Oaks, CA: Sage.

[25] Oregon State University, Chandler School for Community Leadership. (n.d.); Williams Torres, G., & Margolin, F. S. (2003).

[26] Aron, L. Y., & Olson, K. K. (1997). Efforts by child welfare agencies to address domestic violence. *Public Welfare 55*(3), 4–13; Beeman, S.

K., Hagemeister, A. K., & Edleson, J. L. (1999). Child protection and battered women services: From conflict to collaboration. *Child Maltreatment, 4*(2), 116–126; Carter, J., & Schechter, S. (1997). *Child abuse and domestic violence: Creating community partnerships for safe families—Suggested components of an effective child welfare response to domestic violence.* San Francisco: Family Violence Prevention Fund; Findlater, J., & Kelly, S. (1999). Michigan's domestic violence and child welfare collaboration. In J. L. Edleson & S. Schechter (Eds.), *In the best interests of women and children: Child welfare and domestic violence services working together* (pp. 167–174). Thousand Oaks, CA: Sage; Spears, L. (2000). *Building bridges between domestic violence organizations and child protective services*. Available: www.vawnet.org/NRCDVPublications/BCSDV/Papers/BCS7_cps.pdf.

[27] Winer, M., & Ray, K. (1994).

[28] U.S. Department of Health and Human Services, ACF. (2009). *Strengthening families and communities: 2009 resource guide*. Available: www.childwelfare.gov/pubs/res_guide_2009/.

[29] Wolff, T. (1997). Barriers to coalition building and strategies to overcome them. In G. Kaye & T. Wolff (Eds.), *From the ground up: A workbook on coalition building and community development* (pp. 40–50). Amherst, MA: AHEC/Community Partners.

[30] Brown, E. G., et al. (2002).

[31] Winer, M. & Ray, K. (1994).

[32] Annie E. Casey Foundation. (2002). *A model for public and private child welfare partnership: Collaboration for change*. Available: www.aecf.org/initiatives/familytofamily/tools/16938.pdf.

[33] Williams Torres, G., & Margolin, F. S. (2003); Annie E. Casey Foundation. (2002).

[34] Annie E. Casey Foundation. (2002); DePanfilis, D., & Salus, M. (2003). *Child protective services: A guide for caseworkers*. Available: www.childwelfare.gov/pubs/usermanuals/cps/index.cfm.

[35] Williams Torres, G., & Margolin, F. S. (2003).

[36] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2005a). *Successful strategies for recruiting, training, and utilizing volunteers: A guide for faith- and community-based service providers*. Available: www.samhsa.gov/fbci/Volunteer_handbook.pdf.

[37] U.S. Department of Health and Human Services, SAMHSA. (2005a).

[38] Abney, V. (1996). Cultural competency in the field of child maltreatment. In J. Briere, L. Berliner, J. A. Bulkely, C. Jenny, & T. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 409–419). Thousand Oaks, CA: Sage.

[39] DePanfilis, D., & Salus, M. (2003).

[40] Child Welfare Information Gateway. (2005a). *Tribal-state relations*. Available: www.childwelfare.gov/pubs/issue_briefs/tribal_state/index.cfm; National Child Welfare Resource Center for Organizational Improvement. (n.d.). *Approaches to collaboration: State-Tribal partnerships*. Available: http://muskie.usm.maine.edu/helpkids/rcpdfs/tribal.pdf.

[41] Saewyc, E. M., Skay, C. L., Pettingell, S. L., Reis, E. A., Bearinger, L., Resnick, M., et al. (2006). Hazards of stigma: The sexual and physical abuse of gay, lesbian, and bisexual adolescents in the United States and Canada. *Child Welfare, 85*, 195–213.

[42] Poirier, J. M., Francis, K. B., Fisher, S. K., Williams-Washington, K., Goode, T. D., & Jackson, V. H. (2008, Spring). *Practice brief 1: Providing services and supports for youth who are lesbian, gay, bisexual, transgender, questioning, intersex or two-spirit*. Available: www11.georgetown.edu/research/gucchd/NCCC/documents/lgbtqi2s.pdf; Morrow, D. F. (2004). Social work practice with gay, lesbian, bisexual, and transgender adolescents. *Families in Society: The Journal of Contemporary Social Services, 85*(1), 91–99.

[43] Poirier, J. M. et al. (2008, Spring).

[44] Poirier, J. M. et al. (2008, Spring).

[45] Child Welfare Information Gateway. (2005b). *Collaborative funding strategies*. Available: http://childwelfare.gov/preventing/developing/collaborativefunding.cfm.

[46] Child Welfare Information Gateway. (2005b).

[47] McNamara, C. (n.d.). *Overview of nonprofit fundraising sources and approaches*. Available: www.managementhelp.org/fndrsng/np_raise/fndraise.htm.

[48] U.S. Department of Health and Human Services, SAMHSA. (2005b). *Maximizing program services through private sector partnerships and relationships: A guide for faith- and community-based service providers*.. Available: www.samhsa.gov/FBCI/docs/PartnerHandbook_feb2006.doc.

[49] U.S. Department of Health and Human Services, SAMHSA. (2005b).

[50] Pires, S. A. (2002). *Building systems of care: A primer*. Available: http://gucchd.georgetown.edu/files/products_publications/TACenter/PRIMER_ALL.pdf.

[51] Mattessich, P. W., Murray-Close, M., & Monsey, B. R. (2001). *Collaboration: What makes it work* (2nd ed.). Saint Paul, MN: Amherst H. Wilder Foundation.

[52] Farrow, F. (1997b). *Building community partnerships for child protection: Getting from here to there*. Available: www.office-for-children.vic.gov.au/children/ccdnav.nsf/obj/x_pdf_ip/$file/cp_inov_farrow.pdf.

[53] Shusterman, G. R., Hollinshead, D., Fluke, J. D., & Yuan, Y. T. (2005). *Alternative responses to child maltreatment: Findings from NCANDS*. Available: http://aspe.hhs.gov/hsp/05/child-maltreat-resp/index.htm; Loman, A., & Siegel, G. (2004). *Differential response in Missouri after five years*. Available: www.iarstl.org/papers/MODiffResp2004a.pdf; Loman, A. (2005). *Differential response improves traditional investigations: Criminal arrests for severe physical and sexual abuse.* Available: www.iarstl.org/papers/DiffRespAndInvestigations.pdf; Child Welfare Information Gateway. (2008).

[54] Schene, P., & Kaplan, C. (2007, November). *Getting started with differential response: Fundamentals and first steps*. Presented at the Second National Conference on Differential Response, Long Beach, CA.

[55] Center for the Study of Social Policy, Center for Community Partnerships in Child Welfare. (2005, Spring). Establishing a positive community presence for public child welfare agencies. *Safekeeping*. Available: www.cssp.org/uploadFiles/safekeeping-Spring05-v5.pdf.

[56] Bragg, H. L. (2003).

[57] Drabble, L. Osterling, K. L., Tweed, M., & Pearce, C. A. (2008). *Pathways to collaboration: Factors that help and hinder collaboration between substance abuse and child welfare fields*. Available: www.csulb.edu/projects/ccwrl/Drabble_II.pdf; Legal Action Center. (2003). *Confidentiality and communication: A guide to the federal drug & alcohol confidentiality law and HIPAA*. New York: Author.

[58] Child Welfare Information Gateway. (2004). *Systems of care and child welfare*. Available: www.childwelfare.gov/systemwide/service/soc/soc_childwelfare.cfm.

[59] Child Welfare Information Gateway. (2007). *Family group decision-making approaches*. Available: www.childwelfare.gov/famcentered/overview/approaches/family_group.cfm.

[60] Iowa Department of Health and Human Services. (n.d.). *Community partnerships for protecting children: Family team decision-making*. Available: www.dhs.state.ia.us/dhs2005/cppc/family_team; Annie E. Casey Foundation. (2005b). *Family to Family: Key characteristics of family meetings*. Available: www.aecf.org/initiatives/familytofamily/tools/tdm/revision_matrix_3_6_05.pdf.

[61] DePanfilis, D., & Salus, M. (2003); Merkel-Holguin, L. (2000). How do I use family meetings to develop optimal service plans? In H. Dubowitz & D. DePanfilis (Eds.), *Handbook for child protection practice* (pp. 373–378). Thousand Oaks, CA: Sage.

[62] Gibbs, D. A., Martin, S. L., Kupper, L. L., & Johnson, R. E. (2007). Child maltreatment in enlisted soldiers' families during combat-related deployments. *Journal of the American Medical Association, 298*, 528–535; Rentz, E. D., Marshall, S. W., Loomis, D., Casteel, C., Martin, S. L., & Gibbs, D. A. (2007). Effect of deployment on the occurrence of child maltreatment in military and nonmilitary families. *American Journal of Epidemiology, 165*, 1199–1206.

[63] Gibbs, D. A. et al. (2007); Rentz, E. D. et al. (2007).

[64] U.S. Department of Defense. (n.d.). *Family Advocacy Program*. Available: www.defenselink.mil/fapmip/.

[65] FRIENDS National Resource Center for Community-based Child Abuse Prevention. (n.d.). *Evaluation toolkit*. Available: www.friendsnrc.org/outcome/toolkit/index.htm.

[66] U.S. Department of Health and Human Services, ACF. (2005b). *The program manager's guide to evaluation*. Available: www.acf.hhs.gov/programs/opre/other_resrch/pm_guide_eval/index.html.

[67] Taylor-Powell, E., Rossing, B., & Geran, J. (1998).

[68] U.S. Department of Health and Human Services, ACF. (2005c). *Steps in evaluating prevention programs*. Available: http://childwelfare.gov/preventing/developing/steps.cfm; FRIENDS National Resource Center for Community-based Child Abuse Prevention. (n.d.).

[69] U.S. Department of Health and Human Services, ACF. (2005c).

[70] Taylor-Powell, E., Jones, L., & Henert, E. (2002). *Enhancing program performance with logic models*. Available: www1.uwex.edu/ces/lmcourse/.

[71] U.S. Department of Health and Human Services, ACF. (2005c).

[72] Fiermonte, C., & Sidote Salyers, N. (2005). *Improving outcomes together: Court and child welfare collaboration*. Available: http://jeritt.msu.edu/Documents/ABA_Collaboration_Final_06-21-05.pdf.

[73] Mayo Foundation for Medical Education and Research. (2006). *Glossary of clinical trial terms*. Available: http://clinicaltrials.mayo.edu/glossary.cfm.

[74] FRIENDS National Resource Center for Community-based Child Abuse Prevention. (n.d.).

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APPENDIX A
Glossary of Terms

Adjudicatory Hearings – held by the juvenile and family court to determine whether a child has been maltreated or whether another legal basis exists for the State to intervene to protect the child.

Adoption and Safe Families Act (ASFA) – signed into law November 1997 and designed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. The law requires child protective services (CPS) agencies to provide more timely and focused assessment and intervention services to the children and families who are served within the CPS system.

CASA – court-appointed special advocates (usually volunteers) who serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected.

Case Closure – the process of ending the relationship between the CPS worker and the family that often involves a mutual assessment of progress. Optimally, cases are closed when families have achieved their goals and the risk of maltreatment has been reduced or eliminated.

Case Plan – the casework document that outlines the outcomes, goals, and tasks necessary to be achieved in order to reduce the risk of maltreatment.

Caseworker Competency – demonstrated professional behaviors based on the knowledge, skills, personal qualities, and values a person holds.

Central Registry – a centralized database containing information on all substantiated/founded reports of child maltreatment in a selected area (typically a State).

Child Abuse Prevention and Treatment Act (CAPTA) – see Keeping Children and Families Safe Act.

Child and Family Services Review (CFSR) – a review of State child and family services programs that is conducted by the Children's Bureau of the U.S. Department of Health and Human Services. The intent of the CFSR is to assess the States for substantial conformity with certain Federal requirements for child protective, foster care, adoption, family preservation and family support, and independent living services.

Child Protective Services (CPS) – the designated social services agency (in most States) to receive reports, investigate, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently, this agency is located within larger public social service agencies, such as departments of social services.

Concurrent Planning – identifies alternative forms of permanency by addressing both reunification or

legal permanency with a new parent or caregiver if reunification efforts fail.

Confidentiality – a principle that dictates that certain information discussed or divulged between two parties should not be divulged to a third party. The exact definition of confidentiality, and its implications, varies according to legal codes, professions, and organizations.

Cultural Competence – a set of attitudes, behaviors, and policies that integrates knowledge about groups of people into practices and standards to enhance the quality of services to all cultural groups being served.

Differential Response – an area of CPS reform that offers greater flexibility in responding to allegations of abuse and neglect. Also referred to as "dual track" or "multi-track" response, it permits CPS agencies to respond differentially to children's needs for safety, the degree of risk present, and the family's needs for services and support. See Dual Track.

Dispositional Hearings – held by the juvenile and family court to determine the disposition of children after cases have been adjudicated, such as whether placement of the child in out-of-home care is necessary and the services the children and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.

Dual Track – term reflecting new CPS response systems that typically combine a nonadversarial service-based assessment track for cases in which children are not at immediate risk with a traditional CPS investigative track for cases where children are unsafe or at greater risk for maltreatment. See Differential Response.

Evaluation of Family Progress – the stage of the CPS case process where the CPS caseworker measures changes in family behaviors and conditions (risk factors), monitors risk elimination or reduction, assesses strengths, and determines case closure.

Family Assessment – the stage of the child protection process during which the CPS caseworker, community treatment provider, and the family reach a mutual understanding regarding the behaviors and conditions that must change to reduce or eliminate the risk of maltreatment, the most critical treatment needs that must be addressed, and the strengths on which to build.

Family Group Conferencing – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model brings the family, extended family, and others important in the family's life (e.g., friends, clergy, neighbors) together to make decisions regarding how best to ensure the safety of the family members. See Family Group Decision-Making.

Family Group Decision-Making – includes various prevention and intervention approaches in which family members are brought together to make decisions about how to care for their children and to develop a plan for services. Several names may be used for this type of intervention, including family team conferencing, family team meetings, family group conferencing, family team decision-making, family unity meetings, and team decision-making. See Family Group Conferencing.

Family Unity Model – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model is similar to the Family Group Conferencing model.

Formal Partners – public or private agencies that provide or fund time-limited, direct services to children, youth, and families in order to address a particular problem. (e.g., CPS, drug and alcohol abuse treatment agencies).

Full Disclosure – CPS information to the family regarding the steps in the intervention process, the requirements of CPS, what is expected of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.

Guardian ad Litem – a lawyer or lay person who represents a child in juvenile or family court. Usually

this person considers the best interest of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. A lay person who serves in this role is sometimes known as a court-appointed special advocate or CASA.

Home Visitation Programs – prevention programs that offer a variety of family-focused services to pregnant mothers and families with new babies. Activities frequently encompass structured visits to the family's home and may address positive parenting practices, nonviolent discipline techniques, child development, maternal and child health, available services, and advocacy.

Immunity – established in all child abuse laws to protect reporters from civil law suits and criminal prosecution resulting from filing a report of child abuse and neglect.

Informal Partners – organizations or individuals that provide ongoing support to children, youth, and families, but whose primary relationship with them is not necessarily providing direct services (e.g., faith organizations, family members, neighbors, community leaders).

Initial Assessment or Investigation – the stage of the CPS case process during which the CPS caseworker determines the validity of the child maltreatment report, assesses the risk of maltreatment, determines if the child is safe, develops a safety plan if needed to ensure the child's protection, and determines services needed.

Institutional Review Board (IRB) – a board or committee that reviews and monitors research and evaluation initiatives to ensure that the participants' rights and welfare is upheld.

Intake – the stage of the CPS case process during which the CPS caseworker screens and accepts reports of child maltreatment.

Interview Protocol – a structured format to ensure that all family members are seen in a planned strategy, that community providers collaborate, and that information gathering is thorough.

Juvenile and Family Courts – established in most States to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

Keeping Children and Families Safe Act – the Keeping Children and Families Safe Act of 2003 (P.L. 108-36) included the reauthorization of CAPTA in its Title I, Sec. 111. CAPTA provides minimum standards for defining child physical abuse and neglect and sexual abuse that States must incorporate into their statutory definitions in order to receive Federal funds. CAPTA defines child abuse and neglect as "at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

Kinship Care – formal child placement by the juvenile court and child welfare agency in the home of a child's relative.

Liaison – a person within an organization who has responsibility for facilitating communication, collaboration, and coordination between agencies involved in the child protection system.

Logic Model – a simple, logical illustration of what a program does, why it does it, and how to know if the program is successful. There are a wide variety of logic model formats, but most show the relationships between a program's inputs (e.g., staff, funds), the outputs (e.g., partnership activities, services provided), and the outcomes that result from the program (e.g., increased public awareness of the dangers of child neglect, improved parenting skills, reduced family violence).

Mandated Reporter – groups of professionals required by State statutes to report suspected child

abuse and neglect to the proper authorities (usually CPS or law enforcement agencies). Mandated reporters typically include educators and other school personnel, healthcare and mental health professionals, social workers, childcare providers, and law enforcement officers.

Memorandum of Understanding (MOU) – a written agreement that clarifies the relationships and the responsibilities between two or more organizations that share services, clients, and resources.

Multidisciplinary Team – established between agencies and professionals within the child protection system to discuss cases of child abuse and neglect and to aid in decisions at various stages of the CPS case process. These teams may also be designated by different names, including child protection teams, interdisciplinary teams, or case consultation teams.

Neglect – the failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. *Physical neglect* can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or coats). *Educational neglect* includes failing to provide appropriate schooling, failing to address special educational needs, or allowing excessive truancies. *Psychological neglect* includes the lack of any emotional support and love, chronic inattention to the child, exposure to spouse abuse, or exposure to drug and alcohol abuse.

Out-of-Home Care – child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside their families, usually under the jurisdiction of juvenile or family court.

Parens Patriae Doctrine - originating in feudal England, a doctrine that vests in the State a right of guardianship of minors. This concept gradually has evolved into the principle that the community, in addition to the parent, has a strong interest in the care and nurturing of children. Schools, juvenile courts, and social service agencies all derive their authority from the State's power to ensure the protection and rights of children as a unique class.

Parent or Caretaker – person responsible for the care of the child.

Physical Abuse – the inflicting of a nonaccidental physical injury. This may include burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. It may, however, have been the result of over-discipline or physical punishment that is inappropriate to the child's age.

Protective Factors – strengths and resources that appear to mediate or serve as a buffer against risk factors that contribute to vulnerability to maltreatment or against the negative effects of maltreatment experiences.

Protocol – an interagency agreement that delineates joint roles and responsibilities by establishing criteria and procedures for working together on cases of child abuse and neglect.

Psychological Maltreatment – a pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another's needs. This can include parents or caretakers using extreme or bizarre forms of punishment or threatening or terrorizing a child. Psychological maltreatment is also known as emotional abuse or neglect, verbal abuse, or mental abuse.

Response Time – a determination made by CPS and law enforcement regarding the immediacy of the response needed to a report of child abuse or neglect.

Review Hearings – held by the juvenile and family court to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care or court jurisdiction of a child.

Risk – the likelihood that a child will be maltreated in the future.

Risk Assessment – the measurement of the likelihood that a child will be maltreated in the future; frequently

carried out through the use of checklists, matrices, scales, and other methods of measurement.

Risk Factors – behaviors and conditions present in the child, parent, or family that will likely contribute to child maltreatment occurring in the future.

Safety – absence of an imminent or immediate threat of moderate to serious harm to the child.

Safety Assessment – a part of the CPS case process in which available information is analyzed to identify whether a child is in immediate danger of moderate or serious harm.

Safety Plan – a casework document developed when it is determined that the child is in imminent or potential risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of imminent serious harm to the child, and identifies, along with the family, the interventions that will control the safety factors and ensure the child's protection.

Secondary Prevention – activities targeted to prevent breakdowns and dysfunction within families that have been identified as being at risk for abuse and neglect.

Service Agreement – the casework document developed between the CPS caseworker and the family that outlines the tasks necessary to achieve risk reduction goals and outcomes.

Service Provision – the stage of the CPS casework process during which CPS and other providers provide specific services geared toward the reduction of risk of maltreatment.

Sexual Abuse – inappropriate adolescent or adult sexual behavior with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (for example a babysitter, a parent, or a daycare provider) or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely by the police and criminal courts.

Strategic Plan – an outline of an organization's direction, including decisions about how it will pursue those items, allocate resources, and determine if it has reached its objectives.

Substantiated – an investigation disposition concluding that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. A CPS determination means that credible evidence exists that child abuse or neglect has occurred.

Systems of Care – a prevention and intervention framework that uses a multidisciplinary approach to support children and families who have complex needs and utilizes a child-centered, family-focused, community-based, and culturally and linguistically competent approach.

Treatment – the stage of the child protection case process during which specific services are provided by CPS and other providers to reduce the risk of maltreatment, support families in meeting case goals, and address the effects of maltreatment.

Unsubstantiated (not substantiated) – an investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that the child has been maltreated or is at risk of maltreatment. A CPS determination means that credible evidence does not exist that child abuse or neglect has occurred.

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APPENDIX B

Resource Listings for Selected National Organizations Concerned with Child Maltreatment

Listed here are several representatives of the many national organizations and groups dealing with various aspects of child maltreatment. Please visit **www.childwelfare.gov/pubs/usermanual.cfm** to view a more comprehensive list of resources and visit **www.childwelfare.gov/organizations/index.cfm** to view an organization database. Inclusion on this list is for information purposes and does not constitute an endorsement by the Office on Child Abuse and Neglect or the Children's Bureau.

General Child Welfare Organizations

American Humane Children's Division

address: 63 Inverness Drive, East
Englewood, CO 80112-5117

phone: (800) 227-4645

fax: (303) 792-5333

e-mail: info@americanhumane.org

website: www.americanhumane.org

Conducts research, analysis, and training to help public and private agencies respond to child maltreatment.

American Professional Society on the Abuse of Children (APSAC)

address: 350 Poplar Avenue
Elmhurst, IL 60126

phone: (630) 941-1235
(877) 402-7722
fax: (630) 359-4274

e-mail: apsac@apsac.org

website: www.apsac.org

Provides professional education, promotes research to inform effective practice, and addresses public policy issues.

American Public Human Services Association (APHSA)

address: 1133 19th Street, NW, Suite 400
Washington, DC 20036

phone: (202) 682-0100

fax: (202) 289-6555

website: www.aphsa.org

Addresses program and policy issues related to the administration and delivery of publicly funded human services.

AVANCE

address: 118 N. Medina
San Antonio, TX 78207

phone: (210) 270-4630

fax: (210) 270-4636

website: www.avance.org

Operates a national training center to share and disseminate information, material, and curricula to service providers and policymakers interested in supporting high-risk Latino families.

Child Welfare League of America (CWLA)

address: 2345 Crystal Drive, Suite 250
Arlington, VA 22202

phone: (703) 412-2400

fax: (703) 412-2401

website: www.cwla.org

Provides training, consultation, and technical assistance to child welfare professionals and agencies while also educating the public about emerging issues affecting children.

National Black Child Development Institute

address: 1313 L Street, NW, Suite 110
Washington, DC 20005-4110

phone: (202) 833-2220

fax: (202) 833-8222

e-mail: moreinfo@nbcdi.org

website: www.nbcdi.org

Operates programs and sponsors a national training conference through Howard University to improve and to protect the well-being of African-American children.

National Children's Advocacy Center (NCAC)

address: 210 Pratt Avenue
Huntsville, AL 35801

phone: (256) 533-KIDS

fax: (256) 534-6883

website: www.nationalcac.org

Provides prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach.

National Indian Child Welfare Association (NICWA)

address: 5100 SW Macadam Avenue, Suite 300
Portland, OR 97239

phone: (503) 222-4044

fax: (503) 222-4007

website: www.nicwa.org

Disseminates information and provides technical assistance on Indian child welfare issues. Supports community development and advocacy efforts to facilitate Tribal responses to the needs of families and children.

National Child Welfare Resource Centers

National Child Welfare Resource Center for Organizational Improvement

address: Catherine E. Cutler Institute for Child and Family Policy
P.O. Box 9300, 34 Bedford Street
Portland, ME 04104-9300

phone: (800) HELPKID (435-7543)

fax: (207) 780-5817

e-mail: helpkids@usm.maine.edu

website: http://muskie.usm.maine.edu/helpkids/

Offers technical assistance, training, teleconferences, and publications to assist States with the Child and Family Services Reviews, including strategic planning, evaluating outcomes, facilitating collaboration, implementing quality control, and structuring public-private partnerships.

National Resource Center for Adoption

address: 16250 Northland Drive, Suite 120
Southfield, Michigan 48075

phone: (248) 443-0306

fax: (248) 443-7099

e-mail: nrc@nrcadoption.org

website: www.nrcadoption.org/

Assists States, Tribes, and other federally funded child welfare agencies in building their capacity to ensure the safety, well-being, and permanency of abused and neglected children through adoption and post-legal adoption services program planning, policy development, and practice.

National Resource Center for Child Protective Services

address: 925 #4 Sixth Street, NW
Albuquerque, NM 87102

phone: (505) 345-2444

fax: (505) 345-2626

website: www.nrccps.org

Focuses on building State, local, and Tribal capacity through training and technical assistance in Child Protective Services, including meeting Federal requirements, strengthening programs, eligibility for the CAPTA grant, support to State Liaison Officers, and collaboration with other National Resource Centers.

National Resource Center for Child Welfare Data and Technology

address: 2345 Crystal Drive, Suite 250
Arlington, VA 22202

phone: (703) 263-2024

e-mail: nrccwdt@cwla.org

website: www.nrccwdt.org

Provides a broad range of technical assistance to State and Tribal child welfare agencies and the courts on data and system issues in order to improve outcomes for children and families.

National Resource Center for Community-Based Child Abuse Prevention (FRIENDS)

address: 800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514

phone: (919) 490-5577

fax: (919) 490-4905

website: http://www.friendsnrc.org/

Offers knowledge and expertise in the implementation of family support strategies in a variety of settings and for many purposes. Provides Child and Family Services Reviews assistance, including building networks, collecting data, and promoting stakeholder involvement.

National Resource Center for In-Home Services

address: University of Iowa Research Park
W206 Oakdale Hall
Iowa City, IA 52242

phone: (319) 335-4932

website: http://nrcinhome.socialwork.uiowa.edu/

Provides technical assistance and training to States and Tribes to build their capacity to provide effective family preservation and post-reunification services.

National Resource Center for Permanency and Family Connections

address: Hunter College School of Social Work
129 East 79th Street
New York, NY 10075

phone: (212) 452-7053

fax: (212) 452-7475

website: www.hunter.cuny.edu/socwork/nrcfcpp/

Provides on- and offsite training and technical assistance to build capacity in child welfare systems and to support States, Territories, and Tribes in achieving sustainable, systemic change resulting in greater safety, permanency, and well-being for children, youth, and families.

National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at AdoptUsKids

address: Adoption Exchange Association
8015 Corporate Drive, Suite C
Baltimore, MD 21236

phone: (888) 200-4005

e-mail: info@adoptuskids.org

website: www.adoptuskids.org/

Raises public awareness about the need for foster and adoptive families for children in the public child welfare system and assists States, Territories, and Tribes to recruit and retain foster and adoptive families and connect them with children.

National Resource Center for Tribes

address: 8235 Santa Monica Boulevard, Suite 211
West Hollywood, CA 90046

phone: (323) 650-5467

e-mail: info@NRC4Tribes.org

website: www.nrc4tribes.org/

Assists Tribes in the enhancement of child welfare services and the promotion of safety, permanency, and well-being for American Indian/Alaska Native children and families.

National Resource Center for Youth Development

address: 4502 East 41st Street, Building 4W
Tulsa, OK 74135-2512

phone: (918) 660-3700

fax: (918) 660-3737

website: www.nrcyd.ou.edu/

Increases the capacity and resources of States and Tribes to effectively help youth in care establish permanent connections and achieve successful transitions to adulthood.

National Resource Center on Legal and Judicial Issues

address: ABA Center on Children and the Law
740 15th Street, NW
Washington, DC 20005-1019

phone: (800) 285-2221
(202) 662-1720

fax: (202) 662-1755

website: www.abanet.org/child/rclji

Promotes improvement of laws and policies affecting children and provides education in child-related law.

For a full listing of the Children's Bureau Training & Technical Assistance Network, including the Quality Improvement Centers and Implementation Centers, visit **www.acf.hhs.gov/programs/cb/tta/**.

Prevention Organizations

National Alliance of Children's Trust and Prevention Funds

address: P.O. Box 51142
Seattle, WA 98115

e-mail: info@ctfalliance.org

website: www.ctfalliance.org

Assists State children's trust and prevention funds to strengthen families and to protect children from harm.

Prevent Child Abuse America

address: 228 South Wabash Avenue, 10th Floor
Chicago, IL 60604

phone: (312) 663-3520

fax: (312) 939-8962

e-mail: mailbox@preventchildabuse.org

website: www.preventchildabuse.org

Conducts prevention activities, such as public awareness campaigns, advocacy, networking, research, and publishing, and provides information and statistics on child abuse.

Community Partners

National Center for Substance Abuse and Child Welfare

address: 4940 Irvine Blvd., Suite 202
Irvine, CA 92620

phone: (714) 505-3525

fax: (714) 505-3626

e-mail: ncsacw@cffutures.org

website: www.ncsacw.samhsa.gov

Disseminates information, provides technical assistance, and develops knowledge that promotes effective practice and organizational and system changes related to substance use disorder and child welfare issues at the local, State, and national levels.

National Exchange Club Foundation

address: 3050 Central Avenue
Toledo, OH 43606-1700

phone: (800) 924-2643
(419) 535-3232

fax: (419) 535-1989

e-mail: info@nationalexchangeclub.org

website: http://preventchildabuse.com/

Conducts local campaigns in the fight against child abuse by providing education, intervention, and support to families affected by child maltreatment.

National Fatherhood Initiative

address: 20410 Observation Drive, Suite 107
Germantown, MD 20876

phone: (301) 948-0599

fax: (301) 948-4325

website: www.fatherhood.org

Works to improve the well-being of children by increasing the proportion of children growing up with involved, responsible, and committed fathers.

National Technical Assistance Center for Mental Health

address: Georgetown University Center for Child and Human Development
Box 571485
Washington, DC 20057-1485

phone: (202) 687-5000

fax: (202) 687-1954

e-mail: childrensmh@georgetown.edu

website: http://gucchdtacenter.georgetown.edu/

Provides information, technical assistance, and training on system and service strategies for achieving positive outcomes for children and youth with mental health needs and their families.

For the General Public

Childhelp

address: 15757 North 78th Street,
Suite #B
Scottsdale, AZ 85260

phone: (800) 4-A-CHILD
(800) 2-A-CHILD (TDD line)
480) 922-8212

fax: (480) 922-7061

website: www.childhelp.org/

Provides crisis counseling to adult survivors and child victims of child abuse, offenders, and parents, and operates a national hotline.

National Center for Missing and Exploited Children (NCMEC)

address: Charles B. Wang International Children's Building
699 Prince Street
Alexandria, VA 22314-3175

phone: (800) 843-5678 (24-hour hotline)
(703) 224-2150

fax: (703) 224-2122

website: www.missingkids.com

Provides assistance to parents, children, law enforcement, schools, and communities in recovering missing children and in raising public awareness about ways to help prevent child abduction, molestation, and sexual exploitation.

Parents Anonymous Inc.

address: 675 West Foothill Boulevard, Suite 220
Claremont, CA 91711

phone: (909) 621-6184

fax: (909) 625-6304

e-mail: parentsanonymous@parentsanonymous.org

website: www.parentsanonymous.org

Leads mutual support groups to help parents provide nurturing environments for their families.

For More Information

Child Welfare Information Gateway

address: 1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024

phone: (800) 394-3366

e-mail: info@childwelfare.gov

website: www.childwelfare.gov/

Collects, stores, catalogs, and disseminates information on all aspects of child maltreatment and child welfare to help build the capacity of professionals in the field. A service of the Children's Bureau.

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APPENDIX C

State Telephone Numbers for Reporting Suspected Child Maltreatment

Each State designates specific agencies to receive and investigate reports of suspected child abuse and neglect. Typically, this responsibility is carried out by child protective services (CPS) within a Department of Social Services, Department of Human Resources, or Division of Family and Children Services. In some States, police departments also may receive reports of child abuse or neglect.

Many States have local or toll-free telephone numbers, listed below, for reporting suspected maltreatment. **The reporting party must be calling from the same State where the child allegedly is being maltreated for most of the following numbers to be valid.**

For States not listed, or when the reporting party resides in a different State from the child, please call **Childhelp, 800-4-A-Child** (800-422-4453), or your local CPS agency. States may occasionally change the telephone numbers listed below. To view the most current contact information, including State Web addresses, visit **www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=11-11172**.

Alabama (AL)
334-242-9500

Alaska (AK)
800-478-4444

Arizona (AZ)
888-SOS-CHILD
(888-767-2445)

Arkansas (AR)
800-482-5964

Colorado (CO)
303-866-5932

Connecticut (CT)
800-842-2288
800-624-5518 (TDD)

Delaware (DE)
800-292-9582

District of Columbia (DC)
202-671-SAFE (7233)

Florida (FL)
800-96-ABUSE
(800-962-2873)

Hawaii (HI)
808-832-5300

Idaho (ID)
800-926-2588
208-332-7205 (TDD)

Illinois (IL)
800-252-2873
217-524-2606

Indiana (IN)
800-800-5556

Iowa (IA)
800-362-2178

Kansas (KS)
800-922-5330

Kentucky (KY)
800-752-6200

Maine (ME)
800-452-1999
800-963-9490 (TTY)

Massachusetts (MA)
800-792-5200

Michigan (MI)
800-942-4357

Mississippi (MS)
800-222-8000
601-359-4991

Missouri (MO)
800-392-3738
573-751-3448

Montana (MT)
866-820-5437

Nebraska (NE)
800-652-1999

Nevada (NV)
800-992-5757

New Hampshire (NH)
800-894-5533
603-271-6556

New Jersey (NJ)
877-652-2873
800-835-5510 (TDD/TTY)

New Mexico (NM)
800-797-3260
505-841-6100

New York (NY)
800-342-3720
518-474-8740
800-369-2437 (TDD)

Oklahoma (OK)
800-522-3511

Pennsylvania (PA)
800-932-0313

Puerto Rico (PR)
800-981-8333
787-749-1333

Rhode Island (RI)
800-RI-CHILD
(800-742-4453)

South Carolina (SC)
803-898-7318

Tennessee (TN)
877-237-0004

Texas (TX)
800-252-5400

Utah (UT)
800-678-9399

Vermont (VT)
800-649-5285 (after hours)

Virginia (VA)
800-552-7096
804-786-8536

Washington (WA)
866-END-HARM
(866-363-4276)
800-562-5624 (after hours)
800-624-6186 (TTY)

West Virginia (WV)
800-352-6513

APPENDIX D

Reference Guide for Identifying Possible Child Maltreatment

The following page contains signs and risk factors that may help in the identification of possible child maltreatment. They are meant to act as general guidelines for identifying the possibility of each type of maltreatment. Please note that the presence of signs of child maltreatment does not indicate absolutely that child maltreatment has occurred. Actual child maltreatment can be determined only after a thorough response and investigation.

Signs and Risk Factors of Possible Child Maltreatment

Signs of possible physical abuse[1]
- Extensive bruises, especially in areas of the body that are not normally vulnerable
- Bruises of different colors (which may indicate various stages of healing)
- Frequent bruises around the head or face, the abdomen or midway between the wrist and elbow
- Bruises in specific shapes, such as handprints, hanger marks, or belt buckles
- Marks that indicate hard blows from an object, such as an electrical cord or other whip-like object that makes a burn around the body
- Bruises on multiple parts of the body (which may indicate blows from different directions)
- Unexplained internal bleeding that might be observed as discoloration under the skin or blood-filled lumps
- Extreme sensitivity to pain or complaints of soreness and stiffness or awkward movements as if caused by pain
- Bald spots from severe hair pulling
- Adult-sized, human bite marks
- Burns, especially those that appear to be from objects such as cigarettes, irons, etc.
- Injuries for which the explanation given is inadequate

Signs of possible psychological[2] maltreatment
- Extremes in behavior (e.g., manically happy or very depressed)
- Withdrawal (e.g., no verbal or physical communication with others)
- Self-destructive behavior (e.g., cutting oneself)
- General destructive behavior (e.g., setting fires)
- Cruelty to others, including animals
- Rocking, thumb-sucking that is developmentally inappropriate, or head-banging
- Enuresis (i.e., wetting one's pants) or soiling at an age or a developmental level when such behavior is inappropriate
- Substance abuse
- Physical manifestations, such as frequent stomachaches or headaches or an unexplained weight loss or gain

Signs of possible sexual abuse[3]

Children may have been sexually abused if they:
- Have bruises in the inner thigh or genital area
- Have difficulty walking or sitting
- Complain of genital or anal itching, pain, or bleeding
- Frequently vomit
- Become pregnant at a young age
- Have any sexually transmitted diseases

Additionally, children may have been sexually abused if they exhibit:
- Exceptional secrecy
- More sexual knowledge than is age appropriate, especially in younger children
- In depth sexual play with peers that is not developmentally appropriate
- Extreme compliance or withdrawal
- Overt aggression
- An inordinate fear of males or females
- Seductive behavior
- Sleep problems or nightmares
- Crying without provocation
- A sudden onset of wetting or soiling of pants or bed
- Suicide attempts or thoughts of wanting to kill themselves
- Numerous attempts at running away from home
- Cruelty to animals (especially those that would normally be pets)
- Setting fires and enjoying watching them burn
- Self-mutilation (e.g., cutting or scratching to draw blood)

Behavioral clues that may indicate possible child maltreatment[4]
- Be aggressive, oppositional, or defiant
- Cower or demonstrate a fear of adults
- Act out, displaying aggressive or disruptive behavior
- Be destructive to self or others
- Come to school too early or not want to leave school—indicating a possible fear of being at home
- Show fearlessness or extreme risk-taking
- Be described as "accident prone"
- Cheat, steal, or lie (may be related to too high expectations at home)
- Be a low achiever
- Be unable to form good peer relationships
- Wear clothing that covers the body and that may be inappropriate in warmer months, such as wearing a turtleneck sweater in the summer (Be aware that this may possibly be a cultural issue instead.)
- Show regressive or less mature behavior
- Dislike or shrink away from physical contact (e.g., may not tolerate physical praise, such as a pat on the back)

Signs of possible neglect[5]
- Seem inadequately dressed for the weather (e.g., wearing shorts and sandals in freezing weather)
- Appear excessively listless and tired (due to no routine or structure around bedtimes)
- Report caring for younger siblings (when they themselves are underage or are developmentally not ready to do so)
- Demonstrate poor hygiene or smell of urine or feces
- Seem unusually small or thin or have a distended stomach (indicative of malnutrition)
- Have unattended medical or dental problems, such as infected sores or badly decayed or abscessed teeth
- Appear withdrawn
- Crave unusual amounts of attention, even eliciting negative responses in order to obtain it

Risk factors for maltreatment[6]
- Born prematurely or low birth weight
- Perceived as unusual or different in terms of appearance or temperament
- Be unhealthy or with congenital abnormalities
- Have a physical, emotional, or developmental disability
- Be irritable or display behaviors that are contrary to the expectations of the parents
- Live in poverty
- Live in an environment in which there is drug abuse, crime, or violence
- Live in a single-family home
- Have parents who lack education
- Have parents who abuse substances

References

[1] Crosson-Tower, C. (2002). How can we recognize child abuse and neglect? *When children are abused: An educator's guide to intervention*. Boston: Allyn & Bacon.

[2] Crosson-Tower, C. (2003). *The role of educators in preventing and responding to child abuse and neglect*. Available: http://www.childwelfare.gov/pubs/usermanuals/educator/index.cfm; Hart, S., & Brassard, M. (1991). Psychological maltreatment: Progress achieved. *Development and Psychopathology, 3*(1), 61–70

[3] Christian, C. W., & Rubin, D. M. (2002). Sexual abuse. In A. P. Giardino & E. R. Giardino (Eds.), *Recognition of child abuse for the mandated reporter* (3rd ed., pp. 23–37). St. Louis, MO: G.W. Medical; Crosson-Tower, C. (2002).

[4] Crosson-Tower, C. (2003); Crosson-Tower, C. (2002).

[5] Crosson-Tower, C. (2003); Crosson-Tower, C. (2002).

[6] Farley, R. H., & Reece, R. M. (1996). *Recognizing when a child's injury or illness is caused by abuse*. Available: http://www.ncjrs.gov/pdffiles1/ojjdp/160938.pdf; Whitman, B. (2002). Psychological and psychiatric issues. In A. P. Giardino & E. R. Giardino (Eds.), *Recognition of child abuse for the mandated reporter* (3rd ed., pp. 137–156). St. Louis, MO: G.W. Medical.

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APPENDIX E

Examples of Community Partnerships

States and localities across the Nation have created community partnerships of different scopes and sizes. Following are examples, organized alphabetically by State, of community partnerships dedicated to child safety and well-being that also reflect diverse purposes, partners, target populations, and activities.

The partnership examples are presented for informational purposes only and to provide new and expanding partnerships with links to resources so that they may learn from the experiences of others. Their inclusion does not connote an endorsement by the U.S. Department of Health and Human Services

- Alameda County, California – Another Road to Safety
- Jacksonville, Florida – Community Partnership for Protecting Children
- Marion County, Indiana – Dawn Project
- Iowa (statewide) – Iowa Community Partnerships for Protecting Children
- Louisville, Kentucky – Neighborhood Place Ujima
- Dorchester and North Quabbin, Massachusetts – Patch
- St. Louis, Missouri – Circle of Hope
- Grafton County, New Hampshire – Grafton County Greenbook Project
- North Carolina (statewide) – North Carolina State Collaborative for Children, Youth and Families
- North Dakota (Indian Reservations) – Medicine Moon Initiative
- Cuyahoga County, Ohio – Cuyahoga Family to Family
- Medford, Oregon – OnTrack, Inc.
- Travis County, Texas – Parenting in Recovery Project

Another Road to Safety (Alameda County, California)

Another Road to Safety is an interagency collaboration that builds on community and family strengths using a differential response program model. Recognizing the need to work with families to prevent crisis, the Alameda County Department of Children and Family Services implemented Another Road to Safety to provide intervention and prevention services for selected families who are reported to the county hotline for allegations of abuse or neglect. Home visits are a key element of the Another Road to Safety program, along with an array of family-focused services.

Another Road to Safety is a partnership between the Alameda County Social Services Agency, the Alameda County Health Care Service Agency, First Five's Every Child Counts, and two community-based organizations. Various levels of stakeholder input and needs assessments guided the development of the partnership, including an in-home family survey, community asset mapping, and feedback from community-based organizations and policymakers. A shared vision, agreed-upon guiding principles, and clearly defined outcome indicators have contributed to the success of this collaborative effort. A web-based, cross-agency data collection and information sharing system has helped the partnership track its performance and identify needs for improvement.

Selected Publications

- *Another Road to Safety: A Study of Early Intervention and Prevention Services in Alameda County.* Soriano, C. S. (2005). http://cssr.berkeley.edu/bassc/cases/2005/Soriano.pdf
- *Another Road to Safety: Program Replication Guide: An Alternative Response Collaboration in Alameda County, California.* Conley, A. (2005). http://first5ecc.org/Documents/reports_docs/eval/10-28-05%20ARS%20GUIDE4.pdf
- *Sustaining Community Partnerships on Behalf of Young Children and Families.* In *Zero to Three.* Bremond, D., Milder, T, & Burger, J. (2006). www.zerotothree.org

Website

- Every Child Counts http://first5ecc.org/index.php

Community Partnership for Protecting Children (Jacksonville, Florida)

From 1996 through 2006, the Community Partnership for Protecting Children initiative, begun by the Edna McConnell Clark Foundation and now housed at the Center for the Study of Social Policy, sought to change how society protects children. It based its community partnerships approach on the premise that no single factor is responsible for child abuse and neglect and that no one public agency can safeguard children. Children's safety depends on strong families, and strong families depend on connections with a broad range of people, organizations, and community institutions. Jacksonville's project, one of the four original Community Partnership for Protecting Children pilot sites, focused on child safety in five housing developments with its mission of protecting children by strengthening the community. The partnership built relationships between public child welfare agency caseworkers, local service providers, and residents of the housing communities to support each other and protect children.

As the public child welfare agency began focusing more on the communities it served, it chose to station frontline and administrative staff in the neighborhoods for part of the week. Agency staff became knowledgeable of both the formal and informal leaders in the communities and worked with them to connect families with needed services, such as

domestic violence counseling, drug treatment services, tutoring, youth programs, and prenatal care resources. Multiple services for parents were co-located at a local high school to make them more accessible, and caseworkers implemented "Individualized Courses of Action" to encourage families to set their own goals and to help find community support to achieve them.

The housing development residents served as the core of the partnership. Organizers placed a great emphasis on identifying local leaders, reaching out broadly to residents, and organizing neighborhood celebrations. The partnership established a governance committee composed of residents, government agencies, and nonprofit organizations who together serve as a board of directors and guide partnership efforts. Most of the members live or work in the housing developments; the others come from nonprofit organizations and government agencies. The partnership also reviews data from the self-evaluation process, plans whatever changes are needed, works together to plan neighborhood celebrations, and identifies ongoing needs and available resources to further the work of the partnership.

Selected Publications

- *Citizen Power for Stronger Families*. *Community Partnerships for Protecting Children: Jacksonville, Florida.* White, A. (2001). www.cssp.org/uploadFiles/Jacksonville.pdf
- *Community Partnerships for Protecting Children. Lessons, Opportunities, and Challenges. A Report to the Field.* Center for the Study of Social Policy. (2005). www.cssp.org/uploadFiles/Lessons_Opp__Challenges.pdf
- *Strengthening Communities: A Family-Centered Strategy in Jacksonville, Florida.* In *Best Practice, Next Practice.* White, A. (Fall 2000). www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/BPNPFall00.pdf

Websites

- Florida Department of Children and Families www.dcf.state.fl.us/programs/cbc/
- Center for the Study of Social Policy, Center for Community Partnerships in Child Welfare www.cssp.org/center/community_partnership2.html

Dawn Project (Marion County, Indiana)

The Dawn Project, established by State and local officials in Marion County (Indianapolis), created a system of care to serve children with serious emotional and behavioral problems who are separated or at risk of separation from their families. These children and families are involved in multiple systems, and the Dawn Project works to integrate these systems to carry out a comprehensive plan for them. Through wraparound support, the project has decreased the amount of time youth are served outside their community. The project uses a strengths-based and family- and community-centered approach that emphasizes the importance of family involvement at all levels of service delivery.

The Dawn Project uses pooled funding and is governed by a cross-system consortium, which regularly brings together administrators from the child-serving systems in Marion County, as well as family members. The project is run by Choices, Inc., a nonprofit care management organization. Referrals are made through the Marion County child welfare system, as well as the juvenile justice and education systems.

Selected Publications

- *Impact of the Dawn Project on the Marion County Children's Social Services System.* Anderson, J., & Wright, E. (2005). https://archives.iupui.edu/bitstream/handle/2450/520/158_DawnSep05.pdf?sequence=1

- *Making Interagency Initiatives Work for Children and Families in the Child Welfare System. In Promising Approaches for Behavioral Health Services to Children and Adolescents and Their Families in Managed Care.* Hepburn, K., & McCarthy, J. (2003). http://rtckids.fmhi.usf.edu/rtcpubs/hctrking/pubs/promising_approaches/toc_03.html

Websites

- Choices
  www.choicesteam.org/dawn.html

Iowa Community Partnerships for Protecting Children (statewide)

Iowa's initiative began in Cedar Rapids as one of the four Edna McConnell Clark Community Partnership for Protecting Children pilot sites. Encouraged by improvements in community-based family supports in Cedar Rapids, State leaders decided in 2001 to roll out the partnership model across the State. They integrated partnerships with established State funding streams for community-based social services programs, built a training infrastructure, and established quality assurance measures. In 2008, there were 39 community partnerships affiliated with child welfare offices, which encompasses nearly all of Iowa's counties.

Each partnership creates a network and a community hub to support child protection and family support efforts. Members of the networks typically include the public child protective services (CPS) agency, parents, schools, faith institutions, mental health professionals, healthcare providers, substance abuse and domestic violence programs, child care providers, law enforcement, and neighborhood groups. CPS staff associated with the community hubs are accessible to families and work closely with other service providers to meet the specific needs of the community. The partnerships encourage family engagement through family team meetings and emphasize shared decision-making with stakeholders outside the child welfare system in policy and practice decisions.

Selected Publications

- *Community Partnerships in Iowa*. In *Child Welfare Matters*. National Child Welfare Resource Center on Organizational Improvement. (Fall 2005). http://muskie.usm.maine.edu/helpkids/rcpdfs/cwmatters2.pdf
- *Community Partnerships for Protecting Children. Lessons, Opportunities, and Challenges. A Report to the Field.* Center for the Study of Social Policy. (2005). www.cssp.org/uploadFiles/Lessons_Opp__Challenges.pdf
- *Scale of Change: Creating and Sustaining Collaborative Child Welfare Reform Across Cities and States.* White, A. (2008). www.cssp.org/uploadFiles/ScaleOfChange.web.pdf

Websites

- Iowa Department of Human Services
  www.dhs.state.ia.us/cppc/
- Center for the Study of Social Policy, Center for Community Partnerships in Child Welfare
  www.cssp.org/center/community_partnership2.html

Neighborhood Place Ujima (Louisville, Kentucky)

The residents of the West End neighborhood of Louisville, Kentucky had been dissatisfied with the way social services were administered. Many community leaders were concerned by the fragmented services, a lack of community input into decisions, and the absence of a positive presence in the neighborhood.

In response, a partnership of agencies and community residents established the Neighborhood Place Ujima (pronounced Oo-gee'-ma, which means "collective responsibility" in Swahili) as a one-stop, decentralized social services center. Initially supported by the Edna McConnell Clark Foundation's Community Partnership for Protecting Children initiative, Neighborhood Place Ujima grew from one to eight centers in Jefferson County.

The neighborhood centers provide increased access to coordinated health, education, employment, and human services, including afterschool programs, child care, adult education programs, and Alcoholics Anonymous meetings. The centers co-locate these services and providers in accessible neighborhood facilities, which often are schools. When parents from the neighborhood need child care, food stamps, counseling, or help with their children, or if they are ordered by the courts to work with child welfare, they can access most of the necessary supports through the neighborhood center.

The importance of including community leaders and local residents in the governance of Neighborhood Place Ujima has been an important feature from the start. Each center has a community council to monitor, evaluate, and shape its programs. They also routinely collect and use data to improve decisions about services.

Selected Publications

- *Collaboration Demands Respect. Making Decisions in Common: Community Partnerships for Protecting Children, Louisville, Kentucky*. White, A. (2001). www.cssp.org/uploadFiles/Louisville.pdf
- *Community Partnership for Protecting Children, Louisville, Kentucky: A Report to the Community 1996–2006.* Center for the Study of Social Policy. (2007). www.cssp.org/uploadFiles/Celebrating%20cppc%2010.pdf
- *Community Partnerships for Protecting Children. Lessons, Opportunities, and Challenges. A Report to the Field.* Center for the Study of Social Policy. (2005). www.cssp.org/uploadFiles/Lessons_Opp__Challenges.pdf
- *Louisville's Neighborhood Place System: A Model Approach to Measure Collaboration*. Michalczyk, L., Lentz, T., & Martin, L.D. (n.d.). www.louisvilleky.gov/NR/rdonlyres/913F03A9-2390-4C04-A6B0-5E453037DF36/0/NParticleMay2005.pdf

Websites

- Neighborhood Place www.louisvilleky.gov/NeighborhoodPlace
- Center for the Study of Social Policy, Center for Community Partnerships in Child Welfare www.cssp.org/center/community_partnership2.html

Patch (Dorchester and North Quabbin, Massachusetts)

The Massachusetts Department of Social Services (DSS) adapted the British Patch approach ("patch" means neighborhood) as a strategy to link public child welfare agencies with family support and prevention efforts in neighborhood settings. During the 1980s, DSS invested Federal title IV-B funds to develop family support services through a set of Community Connections Coalitions. These coalitions increased capacity for family-based services, but they operated in isolation from the public child welfare system. In response, DSS established two Patch sites—one in Dorchester (a part of Boston) and one in North Quabbin—in which DSS local offices were joined with existing Community Connections Coalitions.

At the two Patch sites, neighborhood teams made up of DSS caseworkers, other State agency representatives, and staff from community family support agencies work to strengthen community-based services and to connect families to available resources. Combining both child protection and prevention efforts in a neighborhood setting, the Patch approach works to break down barriers between agencies and the people they serve. Families connect to community resources more quickly, thereby minimizing the need for lengthy DSS interventions.

Selected Publications

- *The Patch Approach: Blending Prevention and Protection in the ASFA Era.* National Child Welfare Resource Center for Family-Centered Practice. (2000). www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/BPNPFall00.pdf

Websites

- Massachusetts Department of Health and Human Services www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Consumer&L2=Family+Services&L3=Child+Abuse+and+Neglect&sid=Eeohhs2&b=terminalcontent&f=dss_c_fsi_overview&csid=Eeohhs2

Circle of Hope (St. Louis, Missouri)

The purpose of the Circle of Hope project is to increase the well-being of and improve the permanency outcomes for children affected by methamphetamine or other substance abuse within Missouri's Southwestern Region. The project offers intensive in-home services and community-based support for children and families involved with methamphetamine in order to allow children to remain safely at home while parents receive drug treatment and counseling services.

The project is a collaboration among One Hope United, the Missouri DSS/Children's Division, the Missouri Department of Mental Health/Division of Alcohol and Drug Abuse, and the Missouri Institute of Mental Health. In addition, One Hope United is working with the Missouri Juvenile Justice Association and other State and community partners to strengthen interagency collaboration and integration of programs and services through the creation of a statewide Missouri Alliance for Drug Endangered Children. Circle of Hope is funded through the Regional Partnership Grant Program of the Children's Bureau, U.S. Department of Health and Human Services.

Websites

- Missouri Alliance for Drug Endangered Children www.mo-dec.org/
- Missouri Department of Mental Health, Division of Alcohol and Drug Abuse http://dmh.mo.gov/ada/adaindex.htm
- Missouri DSS, Children's Division www.dss.mo.gov/cd/index.htm
- Missouri Institute of Mental Health www.mimh.edu/
- One Hope United www.onehopeunited.org/

Grafton County Greenbook Project (Grafton County, New Hampshire)

The Grafton County Greenbook Project was one of six sites participating in the Greenbook Initiative, an interdepartmental demonstration initiative of the U.S. Department of Health and Human Services and the U.S. Department of Justice that sought to strengthen the capacity of communities to address the co-occurrence of child maltreatment and domestic

violence. The primary partners for the Grafton County project included the Grafton County Family Division Courts, the State and local district offices of the Division for Children, Youth and Families, and various domestic violence agencies that serve Grafton County residents (Women's Supportive Services in Claremont, Women's Information Services in Lebanon, Voices Against Violence in Plymouth, and The Support Center in Littleton).

The primary activities of the project included developing system-specific practice guides and protocols; enhancing the Domestic Violence Specialist Project through training, policy development and standardization of practice; structured, multidisciplinary practice/philosophical discussions; cross-system training; training on working with men who batter and other topics designed to enhance understanding and practice across the disciplines; setting up a process for case reviews within the Division for Children, Youth and Families; and sustainability planning.

Selected Publications

- The Greenbook National Evaluation Team. (2008). *The Greenbook Initiative Final Evaluation Report*. http://aspe.hhs.gov/hsp/08/SR/Greenbook/index.shtml.
- *Journal of Interpersonal Violence, 23*(7) [Entire issue devoted to the Greenbook Initiative].

Websites

- Grafton County Greenbook Project www.thegreenbook.info/grafton.htm
- New Hampshire Division for Children, Youth and Families www.dhhs.state.nh.us/DHHS/DCYF/default.htm

North Carolina State Collaborative for Children, Youth and Families (statewide)

The North Carolina State Collaborative for Children, Youth and Families has adopted a systems of care approach to provide a forum for collaboration, advocacy, and action. Members of the collaborative include parents, public and private agencies serving children and families, and other community partners. The collaborative provides a forum for decision-makers to discuss issues related to the needs of children and families and then return to their own agencies to make informed decisions that fit the efforts of other members. As a result of the collaborative, there is an increased understanding among agencies at the State and local levels about who does what and why.

In addition, the collaborative develops recommendations for the coordination of services, funding, and training, and provides support for other State and local collaborative initiatives. Several products intended for shared use have been developed, including a list of tools public agencies can use to screen and assess children, matrices of funding sources and data sources used by different agencies, and a common training curriculum.

North Carolina also has implemented a multiple response system (MRS) as part of a comprehensive reform of its child welfare system. Based on the philosophy of family-centered practices, the MRS seeks to provide a more individualized response to children and families involved with the child welfare system. MRS reform is also coupled with North Carolina's movement toward incorporating systems of care values and principles.

Selected Publications

- Child Welfare Perspectives on Systems of Care: North Carolina. National Child Welfare Resource Center for Organizational Improvement. In Child Welfare Matters (2008, Spring/Summer). http://muskie.usm.maine.edu/helpkids/rcpdfs/cwmatters7.pdf

- *North Carolina System of Care Handbook for Children, Youth, and Families.* North Carolina Families United. (2006). www.nccollaborative.org/intranet/downloadManagerControl.php?mode=getFile&elementID=45&type=5&atomID=13

Websites

- North Carolina Collaborative for Children, Youth, and Families www.nccollaborative.org/management/1/Home/
- North Carolina Division of Social Services – MRS www.dhhs.state.nc.us/dss/mrs/index.htm

Medicine Moon Initiative (Indian Reservations across North Dakota, including Fort Berthold, Spirit Lake, Standing Rock, and Turtle Mountain)

The Medicine Moon Initiative, which is funded by a grant from the Children's Bureau, U.S. Department of Health and Human Services, is a collaborative effort to improve Tribal child welfare outcomes across North Dakota. Administered through the Native America Training Institute in partnership with four Tribal nations in North Dakota, the initiative promotes the development of a comprehensive, culturally appropriate system of care for Native American children and families involved with the child welfare system.

The initiative builds on a decade of planning and development efforts, as well as experience gained through the Sacred Child Project, a grant funded by the Center for Mental Health Services, U.S. Department of Health and Human Services. The initiative emphasizes systems of care and infrastructure development in the Tribal child welfare system by:

- Formalizing linkages among the emerging Tribal and State systems of care
- Improving Tribal-State planning
- Increasing capacity to collect and use data to improve child welfare outcomes
- Monitoring fidelity to the wraparound process
- Instituting quality assurance processes.

Selected Publications

- *Medicine Moon Initiative to Improve Tribal Child Welfare Outcomes: Five Year Strategic Plan*. Medicine Moon Initiative. (n.d.). www.nativeinstitute.org/mmi%20pdf/MMIstratvision.pdf

Websites

- Native American Training Institute www.nativeinstitute.org/mmi.htm
- Child Welfare Information Gateway, Systems of Care Grantees www.childwelfare.gov/management/reform/soc/communicate/initiative/profile.cfm?grantee=9&menu=about

Cuyahoga Family to Family (Cuyahoga County, Ohio)

With support from the Annie E. Casey Foundation Family to Family Initiative, the Cuyahoga County Department of Children and Family Services in Cleveland, Ohio, developed a decentralized system of community-based foster care. Through this initiative, the child welfare system places children together with their siblings in their own neighborhood, and birth and foster families build bridges to support the children better. The neighborhood focus makes

it easier to provide ongoing services, such as after-school programs and respite care, for foster families.

The Family to Family Initiative has evolved into part of a more comprehensive partnership, the Cuyahoga Tapestry System of Care, which is supported by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. The Tapestry System of Care builds on the neighborhood concept and has broadened it to foster stronger working relationships among neighborhood provider organizations and child-serving systems, including child welfare, mental health, juvenile justice, and drug and alcohol prevention.

Selected Publications

- *Child Welfare Perspectives on Systems of Care: Cuyahoga County.* In *Child Welfare Matters*. (2008, Spring/Summer). http://muskie.usm.maine.edu/helpkids/rcpdfs/cwmatters7.pdf
- *More Foster Families, Fewer Children Entering Care: Rebuilding Family Foster Care in Cuyahoga and Anne Arundel Counties.* Pascual, P. In *AdvoCasey*. (1999/2000, Fall/Winter). www.aecf.org/upload/publicationfiles/advocasey_fall1999.pdf
- *The Story of Family to Family. The Early Years 1992-2006. An Initiative to Improve Child Welfare Systems.* Fiester, L. (2008). www.aecf.org/~/media/PublicationFiles/F2F%20Book%20layout%20DRAFT%209%2012.pdf

Websites

- Cuyahoga County Department of Children and Family Services http://cfs.cuyahogacounty.us/
- Cuyahoga Tapestry System of Care www.cuyahogatapestry.org/
- Annie E. Casey Foundation, Family to Family Initiative www.aecf.org/MajorInitiatives/Family%20to%20Family.aspx

OnTrack, Inc. (Medford, Oregon)

This partnership between CPS, OnTrack Inc., Court Appointed Special Advocates (CASA), the Circuit Court, OPTIONS of Southern Oregon, and the local Commissions on Children and Families, seeks to reduce the number of children in Jackson and Josephine Counties who are placed into foster care due to parental substance abuse. Services include:

- Increased access to model residential and outpatient substance abuse treatment for parents and children
- Case management
- Emergency housing
- Mental health services
- Location of family resources
- Foster parent training
- Family advocacy to bridge and mediate systems.

The project provides short- and long-term support for families that will help them gain and maintain sobriety, build stronger parent-child bonds, move toward self-sufficiency, and ensure safety and permanency for children. OnTrack is funded through the Regional Partnership Grant Program of the Children's Bureau, U.S. Department of Health and Human Services.

Websites

- OnTrack, Inc.
  www.ontrackrecovery.org/
- Options for Southern Oregon, Inc.
  www.optionsonline.org/
- Oregon Commission on Children and Families
  www.oregon.gov/OCCF/

Parenting in Recovery Project (Travis County, Texas)

Parenting in Recovery is led by a coalition of community service providers who cooperatively provide a flexible, comprehensive continuum of services to women, children, and families who are involved in the State child welfare system as a result of maternal drug or alcohol dependence. These services may include residential substance abuse treatment for mothers and children, assistance in accessing stable housing, employment training and education, child care, and wraparound support. The goal of the Parenting in Recovery coalition is to help mothers of young children recover from substance dependence, maintain or regain custody of their children, and establish safe and healthy lives and homes.

The Parenting in Recovery core partnership includes Travis County Health & Human Services, the CPS Division of the Texas Department of Family and Protective Services, the Travis County Family Drug Treatment Court, Austin Recovery, and Foundation Communities. Parenting in Recovery is funded through the Regional Partnership Grant Program of the Children's Bureau, U.S. Department of Health and Human Services.

Websites

- Austin Recovery
  www.austinrecovery.org/
- Foundation Communities
  www.foundcom.org/
- Texas Department of Family and Protective Services, CPS Division
  www.dfps.state.tx.us/Child_Protection/About_Child_Protective_Services/
- Travis County Health & Human Services
  www.co.travis.tx.us/health_human_services/

APPENDIX F

Partnerships with the Courts

The courts are often a key member of community partnerships working to strengthen and support families. The following are several programs and projects that involve the court system.

The State Court Improvement Program (CIP) – U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau

The State Court Improvement Program (CIP) was created as part of the Omnibus Budget Reconciliation Act of 1993 (P. L. 103-66) to provide Federal funds to States and Tribes to support change and improvements in the court system for children and families involved with the child welfare system. Typical activities conducted by the grantees include the development of mediation programs, joint agency-court training, automated docketing and case tracking, linked agency-court data systems, one judge/one family models, time-specific docketing, formalized relationships with the child welfare agency, improvement of representation for children and families, Child and Family Services Review program improvement plan (PIP) development and implementation, and legislative changes.[1]

The CIP has also launched a new online community for all who are concerned with child welfare and the court system. The CIP Community of Practice is an open exchange of information, experience, initiatives, and ideas on court improvement. Features include What's New and a calendar of upcoming events; users can join or initiate a discussion, comment on a work in progress, or access reference documents and links.[2]

For more information, visit the CIP Community of Practice website at **http://inotes.icfconsulting.com/hhs/cip.nsf/home?openform**.

Healing the Youngest Children: Model Court-Community Partnerships – American Bar Association

A 2007 article by the American Bar Association highlighted four model court-community partnerships that apply research to court practices in order to improve outcomes for maltreated infants, toddlers, and their families. In addition to descriptions of the projects and the interventions used, sample cases showed how each model serves and improves outcomes for young children and their families.

[1] U.S. Department of Health and Human Services, Administration for Children and Families (ACF). (2009). *Court Improvement Program*. Available: www.acf.hhs.gov/programs/cb/programs_fund/state_tribal/ct_imprv.htm.

[2] U.S. Department of Health and Human Services, ACF. (2009, April). *Court Improvement Program community of practice*. Available: http://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=104&sectionid=1&articleid=2572.

One of the models highlighted is the Court Teams for Maltreated Infants and Toddlers project. In this partnership, the Miami (FL) Court Team, ZERO TO THREE, and others work with juvenile and family court judges to improve the health and well-being of children and families by breaking the cycle of intergenerational violence. They help establish a partnership between a judge and a local community coordinator to create a court-community team composed of key child-serving stakeholders, to build knowledge and raise awareness of the needs of young children in foster care, and to complete a community needs assessment that identifies available services and gaps. Based on the needs assessment, the teams then work to provide additional services for babies, such as court-ordered referrals for health and dental care, quality child care, behavioral and developmental assessments, therapeutic services, and frequent visits with parents.[3]

The American Bar Association also shares tips for implementing successful court-community partnerships that are drawn from the four models profiled. Although each project differs, they all share three basic beliefs that can help others working to develop community partnerships involving the courts:

- Relationships are key to changing systems and practices. Success hinges on relationships between the judge and the other project members; the judge and clients; clients and their service providers; parents' and children's service providers; and, most importantly, between the parents and their children.
- Interventions informed by early childhood development research lead to better outcomes for children and families.
- Communication and collaboration among partnership members and families lead to service plans that address the specific needs of young children and families. Because relationships take time to develop, it is important to have a long-term view and to continue with the intervention, even when experiencing challenges or setbacks.[4]

For more on these and other court models, go to **www.childlawpractice.org**.

The Child Victims Act Model Court Project – National Council of Juvenile and Family Court Judges (NCJFCJ)

Building on reforms and other work already underway, the NCJFCJ launched its national Child Victims Act Model Court Project. Funded by the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, it includes 36 jurisdictions across the country. The Model Courts engage in reform efforts by bringing together a broad range of system stakeholders to critically review how well the court and other systems are meeting the needs of children and families, including identifying barriers to the timeliness of court events and delivery of services for children and families in care. The Model Courts then design and implement court- and agency-based practice and policy changes to address these barriers and provide training to local legal and other professionals about effective leadership, foundational practice issues, and emerging challenges. As they implement and assess reform efforts at the local level, the Model Courts use their experiences, successes, and lessons learned to support statewide reform efforts. NCJFCJ facilitates the reform process at both

[3] Hudson, L., Klain, E., Smariga, M., & Youcha, V. (2007, February). Healing the youngest children: Model court-community partnerships. *Child Law Practice, 25*(12). Available: www.abanet.org/child/court-com.pdf.

[4] Hudson, L., Klain, E., Smariga, M., & Youcha, V. (2007, February).

the local and State levels and links the efforts of the Model Courts to other national reform efforts.[5]

For more information on the Model Courts and other programs, go to **www.ncjfcj.org**.

[5] National Council of Juvenile and Family Court Judges. (2009). *The resource guidelines: Supporting best practices and building foundations for innovation in child abuse and neglect cases. Looking back and moving forward*. Available: www.ncjfcj.org/images/stories/dept/ppcd/pdf/rg.supporting%20best%20practices%20and%20building%20foundations%20for.pdf.

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APPENDIX G

The Collaboration Checklist[1]

Starting a partnership—or even knowing if your organization is ready to begin a close working relationship with others—can be difficult. The checklist below pinpoints the conditions required for a successful collaboration and provides questions to help determine whether collaboration makes sense. Not all questions may have answers, or even favorable ones, especially for a new partnership. But it is very helpful to have a clear sense of circumstances at the outset so that potential problems can be brought to the surface and preemptive action taken, as appropriate.

❑ **The host organization is ready.**

- ❑ Does your organization have goals it cannot meet alone?
- ❑ What do you gain from participating in a collaborative initiative? What do you lose? Do the gains outweigh the losses?
- ❑ Are you prepared to allocate time, staff, and other resources to the effort as needed?
- ❑ Do you understand how your own organization operates?
- ❑ How will it transition from working alone to working as part of a system? What is the incentive to do so? What has to change?
- ❑ Is your organization willing to devote staff and resources to develop trust and skills in the partnership?

❑ **The right partners are involved.**

- ❑ What organizations and people have a stake in or share the partnership's goals?
- ❑ What organizations and people have the knowledge, expertise, and resources to make them happen?
- ❑ Can each of these organizations and people commit to being quality partners? Will they commit time, staff, and other resources as needed?
- ❑ What can each partner contribute? Include financial and nonfinancial/in-kind contributions (e.g., credibility, access to population, staff, technology, data, equipment, space).
- ❑ Does the partnership include meaningful representation of those who will be directly affected by its efforts, such as community residents, service providers, and local officials?

[1] Williams Torres, G., & Margolin, F. S. (2003). *The collaboration primer: Proven strategies, considerations, and tools to get you started.* Available: www.hret.org/hret/programs/content/colpri.pdf.

❑ **A shared vision unifies the partners.**

- ❑ What motivates each of the partners to be involved?
- ❑ What do they most want to accomplish through their involvement?
- ❑ Do the key words and phrases used to respond to the above questions match the vision and objectives of the partnership?
- ❑ If not, can they be used as a basis for further discussion and refinement of a shared vision?
- ❑ What is the partnership's mission statement? How does it relate to the home organization's mission?

❑ **Partners are aware of what is expected of them.**

- ❑ What are the ground rules for participating in the partnership?
- ❑ Are roles and responsibilities within the partnership clearly defined?

❑ **Partners know the partnership's goals and objectives.**

- ❑ What are the partnership's goals? Think of goals as long-term activities that help implement a mission and vision. Achieving them will serve as a measure of progress toward realizing the mission and vision.
- ❑ Are the objectives clear and realistic? Objectives are short-term activities that help implement a goal and serve as a measure of progress on achieving that goal.

❑ **People to do the work have been identified, assigned, and made accountable.**

- ❑ Who is best suited to achieve an objective?
- ❑ Who will be accountable? Workgroups? Individuals? Organizations?
- ❑ Have specific individuals and organizations been linked to the specific objectives you have identified to ensure that the objectives will be carried out in a timely manner?
- ❑ Is staff paid or volunteer?
- ❑ Do partners donate staff? What challenges does this arrangement present?
- ❑ How is staff accountable to the partnership?

❑ **"Best practices" have been researched and shared in the partnership.**

- ❑ What kinds of interventions and programs work well for the goals the partnership is trying to achieve?
- ❑ What do you know about other collaborative efforts that have similar missions and goals?
- ❑ What are some lessons your collaborative can learn from these efforts?

❑ **Financial needs for the partnership are known and addressed.**

- ❑ How much money does the partnership need, and how will it be secured in a timely manner?
- ❑ What kinds of funding sources are necessary to be successful?
- ❑ Is there a written financial plan and a clear strategy with identified responsibilities for implementing it?
- ❑ Has the partnership made certain that the organization through which funding flows does not have greater decision-making authority in the collaborative because of this fiscal management role?

❑ **The partnership encourages participation in and sustainability of its work.**

- ❑ What incentives and rewards are used to recognize and sustain partners' contributions and the changes they make in their own organizations that are consistent with the shared vision, mission, and goals?
- ❑ How does the partnership identify and encourage new members to participate?
- ❑ How well are new members informed about the roles, responsibilities, and rewards of participation?
- ❑ How well do new members reflect the diversity of the stakeholders that the partnership serves?

❑ **There is a defined governance model.**

- ❑ Who makes decisions in the collaborative, and what authority do they have to make them?
- ❑ How will governing responsibilities be rotated over time?
- ❑ How will governance reflect and respect the diversity of the collaborative and its stakeholders?

❑ **Leadership is effective.**

- ❑ How adequate is the leadership team in securing resources, managing conflict, and balancing needs and interests?
- ❑ How is new leadership identified and rotated into key positions?
- ❑ How is the partnership administered and managed?
- ❑ What could be done to improve it?

❑ **The partnership has a communications and outreach plan.**

- ❑ How do people find out about the partnership's activities?
- ❑ How does the partnership publicize activities and provide effective stakeholder education and information about its work?
- ❑ How well can the partnership inform and engage people, organizations, and communities with diverse cultural and ethnic interests or for whom English is not their dominant language?
- ❑ Does the partnership communicate well and regularly with grassroots organizations?

❑ **The partnership's work is monitored, evaluated, and revised on a regular basis.**

- ❑ How is progress monitored and success evaluated in the partnership?
- ❑ Are both the results and processes tracked?
- ❑ What data, resources, and evaluation expertise are available to the partnership?
- ❑ How can the findings of such evaluations be used to make changes in the partnership's processes?

❑ **The partnership knows what challenges it faces.**

- ❑ What barriers or conflicts make progress difficult?
- ❑ How can those barriers or conflicts be resolved or overcome?

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APPENDIX H

Potential Community Collaboration Partners[1]

This list of potential community collaboration partners was developed by the American Bar Association Center on Children and the Law in relation to community collaborations for juvenile dependency court improvement; however, many of these partners may be appropriate in numerous and diverse community partnerships. There are many potential valuable contributors to a partnership, and this list is not intended to be exhaustive.

Naming specific organizations does not constitute an endorsement by the U.S. Department of Health and Human Services.

Business and Financial Services

Advertising and Public Relations Firms
Banks and Credit Unions
Business Development Centers
Businesses That Focus on Youth, Such as Sporting Goods
Chambers of Commerce
Economic Development Centers

Children, Youth, and Teen Programs

Boy and Girl Scouts of America
Boys and Girls Clubs
Camp Fire Girls
Child Abuse Prevention Centers
Child Care Providers
Child Care Resource and Referral Programs
Children First
Children Formerly in Foster Care (Teens or Adults)
Citizen Foster Care Review Boards
Day Care Centers
Families for Kids Projects
Head Start
Job Corps
Juvenile Justice Organizations
Parent Resource Centers
Parents Who Have Been Through the Court System
Relief Nurseries
Youth Development Organizations
Youth Service Teams

[1] American Bar Association Center on Children and the Law. (n.d.). *Community partnerships for juvenile dependency court improvement*. Available: www.abanet.org/child/partnerships.html.

Crisis and Emergency Services

American Red Cross (and Local Chapters)
Crisis Centers
Domestic Violence Programs
Parents Anonymous
Salvation Army
Victim Assistance Programs
Women's Crisis Services

Educational Institutions

Community Colleges
Departments of Education
Early Childhood Development
Early Intervention Programs
Educational Service Districts
Law Schools, Especially Child Advocacy Legal Clinics
Parent Teacher Associations
Schools for the Deaf and/or Blind
Schools (Public and Private)
State Colleges
Universities and University-based Programs

Employment Agencies

Employee Assistance Programs
Employment Departments
JOBS Programs
Jobs Training Partnership Act and Private Industry Councils
Sheltered Workshops and Community Employment Programs
Summer Youth Employment
Unions

Government and Government Associations

Association of Counties
City Governments
Commission on Children and Families
Council of State Governments
Councils on Crime and Delinquency
County Governments
County Health Departments
Court Appointed Special Advocates (CASA)
Court Systems
Crimes Against Children Units
Department of Corrections
Department of Human Resources/Social Services/Adult and Family Services
Department of Transportation
Disabilities Commission
Disability Services Advisory Councils
District Attorney Associations
District Attorneys/Prosecutors
Governor's Office
Health Division
Indian Law Centers
Judges
Juvenile Department Directors
Law Enforcement
Legal Aid Bureaus
Legislatures
Mental Health and Developmental Disability Services Division
Military/Armed Services/National Guard
Neighborhood Associations
Office of Alcohol and Drug Abuse Programs
Office of Information Services
Office of Medical Assistance
Public Defender's Office
Senior and Disabled Services Division
Service Integration and Community Partnership Projects
Services to Children and Families
Sheriffs' Offices
State Police
Transit Organizations
Trial Court Administrators
Tribes and Tribal Courts
Veterans Administration
Vocational Rehabilitation Division
Volunteer Program

Health Services and Support Groups

AIDS Organizations
Alcohol and Drug Abuse Treatment and Support Programs
Deaf and Hard-of-hearing Organizations
Group Homes

Health Insurance Companies
Home Health Agencies
Hospice Organizations
Hospitals
Independent Living Programs
Long-term Care Facilities (Adult Foster Homes, Residential Care Facilities, Assisted Living Facilities, Nursing Facilities)
March of Dimes
Medical Societies
Mental Health Counseling and Treatment Programs
Rehabilitation Organizations
Respite Care Programs
Retirement Centers
Senior Centers
Senior or Disability Programs
Sexual Assault Programs

National Organizations and Associations (and Their Local Chapters)

American Adoption Congress
American Alliance for Health, Physical Education, Recreation and Dance
American Association of University Women
American Bar Association Center on Children and the Law
American Humane Association, Children's Division
American Public Welfare Association
Bazelon Center for Mental Health Law
The Center for Law and Social Policy
Center for the Study of Social Policy
Center for the Study of Youth Policy
Center on Social Welfare Policy and Law
Child Welfare Institute
Child Welfare League of America
Children's Defense Fund
Children's Rights, Inc.
Family Builders by Adoption
Homebuilders
Juvenile Law Center
Juvenile Rights Project
National Adoption Center
National Association of Child Advocates
National Association of Counsel for Children
National Association of Foster Care Reviewers
National Association of Public Child Welfare Administrators
National Association of Social Workers
National Association of Women Judges
National Center for Juvenile Justice
National Center for Missing and Exploited Children
National Center for Prosecution of Child Abuse
National Center for State Courts
National Center for Youth Law/ Youth Law Center
National Child Abuse Coalition
National Child Welfare Resource Centers
National Children's Advocacy Center
National Coalition to End Racism in America's Child Care System
National Committee to Prevent Child Abuse
National Conference of Commissioners for Uniform State Laws
National Conference of State Legislatures
National Council on Adoption
National Council of Juvenile and Family Court Judges
National Court Appointed Special Advocate Association
National Foster Care Resource Center
National Foster Parent Association
National Indian Child Welfare Association
National Legal Aid and Defenders Association
National Organization for Victim Assistance
North American Council on Adoptable Children
Northwest Resource Center for Children, Youth and Families
Southern Regional Children's Advocacy Center
Support Center for Child Advocates
Women's Legal Defense Fund

Professional Associations and Service Clubs

Associations of Community Mental Health Programs
Business and Professional Women Associations
Cable Telecommunications Associations

Community College Associations
Counselor and Social Worker Associations
Downtown Associations
Eagles Clubs
Elks Clubs
Fire Chiefs and Fire District Directors Associations
Goodwill Industries
Home Builders Associations
Insurance Agents and Company Associations
Kiwanis
Lions Club
Multi-family Housing Councils
National Federation of Independent Businesses
Physicians, Physician Assistants, Pharmacists, and other Health Care Provider Associations
Realtors Associations
Retired Teacher's Association
Rotary Clubs
School Administrators Associations
School Boards and Associations
School Coaches Associations
Sheriffs' Associations
Special Districts Associations
State Bar Associations
Utilities, Private and Public, including Rural Electric Cooperatives

Religious and Spiritual Organizations

Churches
Ecumenical Ministries and Local Cross-denominational Organizations
Synagogues

Social Services Providers

Adoption Services
Caring Communities
Community Action Programs
Food Banks
Gay and Lesbian Resources
Housing Authorities
Information and Referral Programs
Multi-family Housing Organizations
Planned Parenthood
Retired Senior Volunteer Program
School-based Health Clinics
Tribal Health and Social Service Organizations
United Way
Veterans Programs
Victim Assistance Programs
Volunteer Programs
WIC (Women, Infant, Children) Programs
YMCA/YWCA

APPENDIX I

Memorandum of Understanding[1]

What is a Memorandum of Understanding (MOU)?

An MOU is a written agreement that clarifies the relationships and responsibilities between two or more organizations that share services, clients, and resources.

Why is it important to have an MOU?

MOUs help strengthen community partnerships by outlining clear roles between individuals, agencies, and other groups. Communities with MOUs report that the strengthened partnerships resulted in enhanced services for children and families.

What is actually included in an MOU?

MOUs can address a variety of issues and topics. Content areas to consider including in an MOU are:

- Clarification of agency roles
- Referrals across agencies
- Assessment protocols
- Parameters of confidentiality
- Case management intervention
- Interagency training of staff
- Agency liaison/coordination
- Process for resolving interagency conflicts
- Periodic reviews of the MOU.

[1] Bragg, H. L. (2003). *Child protection in families experiencing domestic violence*. Available: www.childwelfare.gov/pubs/usermanuals/domesticviolence/.

How do we know our community is ready to develop an MOU?

Communities that are concerned about reducing the growing incidence of child maltreatment are excellent candidates for creating an MOU. In communities that are experiencing strained relationships between potential partners, the process of writing an MOU provides a unique opportunity to address misperceptions and differences and to work jointly to resolve gaps in service delivery.

What strategies should we undertake as we begin the MOU process?

Depending on pre-existing relationships within communities, one strategy may include inviting key supporters to meetings to explore the feasibility of MOU development. Communities have reported that once they had the commitment and investment from the various partners, the MOU process quickly crystallized and resulted in a written document. An additional strategy is inviting an outside consultant to facilitate a mutual partnership that leads to the development of an MOU.

What are the potential problems that arise during the MOU development process?

Problems may arise concerning misperceptions about each other's goals, missions, and philosophies. Professionals from child welfare agencies report that the MOU meetings helped them better understand the other organizations' language and history and provided a context to view other philosophies and missions. Additional problems may include differing confidentiality policies, assessment decisions, and levels of intervention. The MOU process provides an opportunity to address these critical issues.

How does the MOU actually help families and children?

Families affected by child maltreatment report that they are reluctant to request assistance, are required to participate in services that do not address the underlying issues, and frequently feel misunderstood by professionals. Communities with existing MOUs have found that children who were maltreated were less likely to be placed in out-of-home settings and that families were more motivated to work with professionals to reduce the risk of future child abuse and neglect. Additionally, when MOUs have been established, families report a higher level of satisfaction in working with professionals.

APPENDIX J

Managing Conflict[1]

Potential Sources of Conflict	Ways to Manage the Conflict
Vaguely stated results and outcomes	**Create a strategic plan**
• Members continually question the partnership's direction or do not have the same understanding of the desired results and outcomes. • Self-interests are not being disclosed.	• Develop or clarify the strategic plan, including the desired results and outcomes. • Build individual self-interests into the strategic plan so the partnership fulfills member needs.
Lack of clear authority	**Clarify authority**
• Members pressure the partnership for quick action or for programs that meet the needs of individual members. • People attend infrequently, or members change often. • High demands are placed on members to work for the partnership and still fulfill other responsibilities.	• Obtain signed agreements that outline the desired results, outcomes, and outputs. • Obtain agreement for consistent representation; clarify what it takes to build a collaborative culture. • Formalize, clarify, and revise duties, as necessary, in writing.
Work not getting done	**Clarify agreements and reward workers**
• Members argue about how to do things. • Members have different memories of what was decided, and not everyone shares in the work. • Members do not sustain their effort.	• Refer to the strategic plan at every meeting and base decisions on it. • Take meeting minutes that track who attended, what was decided, action items or next steps, who has responsibility for implementing the decisions (as well as with what authority and accountability), and what progress is being made on earlier decisions. • Review the strategic plan to ensure it is current with community and member needs • Ask nonactive people to resign from the partnership and replace them with others who are willing to do the work.

[1] Winer, M., & Ray, K. (1994). *Collaboration handbook: Creating, sustaining, and enjoying the journey*. Saint Paul, MN: Amherst H. Wilder Foundation.

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APPENDIX K

Cultural Sensitivity When Working with Families[1]

To develop a rapport with families, whether during the family assessment or any other interaction, service providers should be sensitive to cultural similarities and differences with the client, as well as be aware of the uniqueness and the cultural or historical roots of the client. In all interactions and assessments, the client is the most important source of information about the family, including providing details about cultural aspects and lifestyles unique to that family. Effective cultural competence requires that service providers:

- Respect how the clients differ from them
- Be open to learning about cultural differences when assessing the strengths and the needs of families
- Avoid judgments and decision-making resulting from biases, myths, or stereotypes
- Ask the client about a practice's history and meaning, if unfamiliar with it
- Explain the law that regards a particular cultural practice as abuse
- Elicit information from the client regarding strongly held family traditions, values, and beliefs, especially child-rearing practices.

Particularly when assessing a family following a referral to child protective services, it is important to recognize that there are certain areas that may be affected by a person's history and culture. The following questions may be used as a guide to understand cultural difference as part of the assessment. According to the family:

- What are the purpose and function of the nuclear family?
- What roles do males and females play in the family?
- What is the role of religion for the family? How do these beliefs influence its child-rearing practices?
- What is the meaning, identity, and involvement of the larger homogenous group (e.g., Tribe, race, nationality)?
- What family rituals, traditions, or behaviors exist?
- What is the usual role of children in the family?
- What is the perception of the role of children in society?

[1] This appendix was adapted from DePanfilis, D., & Salus, M. (2003). *Child protective services: A guide for caseworkers*. Available: www.childwelfare.gov/pubs/usermanuals/cps/index.cfm.

- What types of discipline does the family consider to be appropriate?
- Who is usually responsible for child care?
- What are the family's attitudes or beliefs regarding health care?
- What are the family's sexual attitudes and values?
- How are cultural beliefs incorporated into family functioning?
- How does the family maintain its cultural beliefs?
- Who is assigned authority and power for decision-making?
- What tasks are assigned based on traditional roles in the family?
- How do family members express and receive affection?
- What are the family's communication styles?
- How does the family solve problems?
- How do family members usually deal with conflict? Is anger an acceptable emotion? Do members yell and scream or withdraw from conflict situations?[2]

[2] Shepard, R. (1987). Cultural sensitivity. In D. DePanfilis (Ed.), *Enhancing child protection service competency: Selected readings*. Charlotte, NC: ACTION for Child Protection.

APPENDIX L

Funding Resources for Community Partnerships

The following are examples of potential funding sources and development resources for community partnerships:

Federal

- General U.S. Government Sites:
  - **www.grants.gov/**
  - **www.business.gov/guides/non-profits/**
- U.S. Department of Health and Human Services (general):
  - **www.hhs.gov/grants/index.html**
  - **www.hhs.gov/grantsnet/**
- Administration for Children and Families: **www.acf.hhs.gov/grants/**
- Centers for Disease Control and Prevention: **www.cdc.gov/about/business/funding.htm**
- Substance Abuse and Mental Health Services Administration: **www.samhsa.gov/grants**
- U.S. Department of Education: **www.ed.gov/fund/landing.jhtml**
- U.S. Department of Housing and Urban Development: **www.hud.gov/grants/index.cfm**
- U.S. Small Business Administration, Center for Faith-Based and Community Initiatives: **www.sba.gov/aboutsba/sbaprograms/faithbased/index.html**

Foundations

- The Annie E. Casey Foundation: **www.aecf.org/Home/AboutUs/GrantInformation.aspx**
- The Robert Wood Johnson Foundation: **www.rwjf.org/grants/**

Listings of Funding Sources

- National Alliance of Children's Trust and Prevention Funds:
  - **www.ctfalliance.org/** (homepage)
  - **www.msu.edu/user/nactpf/images/about/roster.doc** (State contacts)
- Foundation Center: **foundationcenter.org/findfunders/**
- GuideStar: **www.guidestar.org/npo/index.jsp?source=dnresources**

Proposal Writing and Fundraising Resources

- FRIENDS National Resource Center for Community-Based Child Abuse Prevention: **www.friendsnrc.org/resources/print.htm#resources**
- CharityChannel: **http://charitychannel.com/Articles/GrantsandFoundationsReview/tabid/1676/Default.aspx**
- The Grantsmanship Center: **www.tgci.com/**
- Foundation Center: **http://foundationcenter.org/getstarted/learnabout/proposalwriting.html**
- Non-Profit Guides: **www.npguides.org/**
- Free Management Library: **www.managementhelp.org/fndrsng/np_raise/np_raise.htm**
- Idealist: **www.idealist.org/if/i/en/faqcat/100-7**

APPENDIX M

Community Partnership Self-Assessment[1]

The Community Partnership Self-Assessment is intended to help a community partnership determine the level of progress that has been made in its development and/or implementation. It will also allow the partnership to explore barriers that may need to be overcome to move forward.

Note: The items featured are suggestions for partnership characteristics and processes that should be assessed. Community partnerships can review this tool to determine if items should be added, changed, or removed based on the partnership's structure, mission, and other unique characteristics.

[1] Adapted from Technical Assistance Partnership for Child and Family Mental Health. (2003). *Sustainability self-assessment tool*. Available: www.tapartnership.org/resources/sustainability/docs/assessment_tool.doc; Williams Torres, G., & Margolin, F. S. (2003). *The collaboration primer: Proven strategies, considerations, and tools to get you started*. Available: www.hret.org/hret/programs/content/colpri.pdf.

Community Partnership Self-Assessment

Rating of Progress: **1** – No plan to address **2** – Plan developed to address **3** – Early stage of implementing plan
4 – Good progress in implementing plan **5** – Plan fully implemented for sustaining or continuing partnership

Partnership Elements and Sustainability Objectives (Where do we want to be? What do we want to sustain?)	Key Indicators of Success (How will we know when we have gotten there?)	Progress Rating (Use scale above)	Barriers to Achievement (What is standing in the way of our progress?)
Vision and Philosophy			
❑ A clear vision for sustaining the partnership has been defined and disseminated.			
❑ The "right" key stakeholders, representing the diversity of the community served, have been involved in defining and communicating the vision.			
❑ Clear-cut objectives for the partnership have been identified through a planning process and have been developed and communicated.			
Service Array			
❑ Services that families and youth (inclusive of the full diversity of the community) prefer and find useful and that partner agencies support and/or fund are continuously being created and/or amended as needs change.			

Community Partnership Self-Assessment

Partnership Elements and Sustainability Objectives (Where do we want to be? What do we want to sustain?)	Key Indicators of Success (How will we know when we have gotten there?)	Progress Rating (Use scale above)	Barriers to Achievement (What is standing in the way of our progress?)
❑ Access to appropriate and effective services and supports has been increased to meet needs.			
❑ Ongoing mechanisms for providing individualized (with full recognition and support of cultural and linguistic preferences), integrated, and coordinated care are being implemented.			
❑ Mechanisms are in place to ensure a service array that meets the unique needs relevant to the demography of the community and that is based on age, race, ethnicity, language, spiritual identity, physical ability/disability, language, and legal status.			
❑ Ongoing mechanisms that have been developed to decrease reliance on out-of-community and out-of-state placements are being implemented.			
❑ Ongoing training and technical assistance on culturally and linguistically competent service delivery and on culturally and linguistically competent evidence-based and promising practices is being provided to partnership staff, family members, youth, community providers, and other stakeholders.			

Community Partnership Self-Assessment

Partnership Elements and Sustainability Objectives (Where do we want to be? What do we want to sustain?)	Key Indicators of Success (How will we know when we have gotten there?)	Progress Rating (Use scale above)	Barriers to Achievement (What is standing in the way of our progress?)
Structure, Governance, and Coordination			
❑ The roles and responsibilities among partners are clearly defined.			
❑ Leadership for sustainability of the partnership's efforts is maintained with a focus on continuity through training, workforce development, skill-building, and leadership development.			
❑ Leadership is committed to continuing the change process.			
❑ The partners share decision-making, self-assessment, and resource development responsibilities.			
❑ The partnership has an effective mechanism to resolve conflicts among members.			
❑ The partners represent local nonprofit organizations, businesses, government, and residents.			

Community Partnership Self-Assessment

Partnership Elements and Sustainability Objectives (Where do we want to be? What do we want to sustain?)	Key Indicators of Success (How will we know when we have gotten there?)	Progress Rating (Use scale above)	Barriers to Achievement (What is standing in the way of our progress?)
❑ There is a high level of trust among partners.			
❑ Ongoing mechanisms have been created for using data and evaluation to support planning, development, and maintenance of implementation efforts.			
❑ The results of the evaluation, data collection efforts, or other assessments are used to enhance the partnership and its efforts.			
❑ The partnership's efforts have had the intended effects on the community.			

Community Partnership Self-Assessment

Partnership Elements and Sustainability Objectives (Where do we want to be? What do we want to sustain?)	Key Indicators of Success (How will we know when we have gotten there?)	Progress Rating (Use scale above)	Barriers to Achievement (What is standing in the way of our progress?)
❑ Ongoing education and training are being provided.			
❑ Flexibility, innovation, and openness are built into the leadership framework, policies, and structures.			
❑ The partnership has a system of accountability for all members.			
Interagency Planning and Coordination			
❑ Ongoing mechanisms for interagency planning and coordination at the State/Tribal/Territorial and local policy and system levels are in place.			
❑ Ongoing mechanisms for interagency planning and coordination (inclusive of community and faith-based organizations and cultural and ethnic-specific entities) at the service delivery level are in place.			

Community Partnership Self-Assessment

Partnership Elements and Sustainability Objectives (Where do we want to be? What do we want to sustain?)	Key Indicators of Success (How will we know when we have gotten there?)	Progress Rating (Use scale above)	Barriers to Achievement (What is standing in the way of our progress?)
❑ Ongoing, shared administrative processes among two or more agencies that involve family members and/or youth are in place.			
Family and Youth Involvement			
❑ Families and youth (reflective of the full demographics of the community) are actively involved in policymaking, system reform, and administrative roles at the system level.			
❑ Families and youth are active participants in evaluation efforts.			
❑ Families and youth are involved in the service planning and delivery process.			
❑ Families and youth participate in training both as trainers and as participants.			

Community Partnership Self-Assessment

Partnership Elements and Sustainability Objectives (Where do we want to be? What do we want to sustain?)	Key Indicators of Success (How will we know when we have gotten there?)	Progress Rating (Use scale above)	Barriers to Achievement (What is standing in the way of our progress?)
Cultural Competence			
❑ Cultural and linguistic competence is evident at all levels.			
❑ Social marketing practices ensure that messages, images, and outreach strategies are culturally and linguistically appropriate.			
❑ Policies are established that ensure cultural and linguistic competence.			
❑ The service array is constructed to provide appropriate and acceptable services tailored for the unique demographics of the community.			
❑ Data collection methods are designed to track services, outcomes, and service satisfaction based on the unique demographics of persons served.			

Community Partnership Self-Assessment

Partnership Elements and Sustainability Objectives (Where do we want to be? What do we want to sustain?)	Key Indicators of Success (How will we know when we have gotten there?)	Progress Rating (Use scale above)	Barriers to Achievement (What is standing in the way of our progress?)
❑ Cultural competence is infused into the core plans and operations of agencies, programs, and organizations involved in the partnership.			
❑ Diverse cultural and linguistic communities are meaningfully involved in all components of the system of care—planning, administration, care coordination, service provision, and evaluation.			
❑ Mechanisms are in place to facilitate continual cultural knowledge development (e.g., trainings, forums) of all members of the partnership.			
Political and Economic Support			
❑ Sufficient financial and other resources are mobilized and available.			
❑ Partnerships are developed and maintained to establish mutually beneficial outcomes.			

Community Partnership Self-Assessment

Partnership Elements and Sustainability Objectives (Where do we want to be? What do we want to sustain?)	Key Indicators of Success (How will we know when we have gotten there?)	Progress Rating (Use scale above)	Barriers to Achievement (What is standing in the way of our progress?)
❑ Evaluation/accountability results are integrated in the design and implementation of the partnership.			
❑ Key stakeholders representing the diversity of the community (including public officials) are involved in the initiative and are committed to sustaining and expanding the partnership.			
❑ Political support for the partnership has been generated at the State and local levels.			
❑ Policies have been reformed or developed to support system change at the State and local levels in order to sustain the partnership.			
❑ Coalition building among advocates, including those representing specific cultural, racial, ethnic, linguistic, religious, and other communities, is being supported in order to effect change.			
❑ Strong interagency relationships are being cultivated or are in place.			

Community Partnership Self-Assessment

Partnership Elements and Sustainability Objectives (Where do we want to be? What do we want to sustain?)	Key Indicators of Success (How will we know when we have gotten there?)	Progress Rating (Use scale above)	Barriers to Achievement (What is standing in the way of our progress?)
Strategic Financing and Sustainability Strategies			
❑ Strategies for utilizing existing resources have been developed and implemented.			
❑ Strategies for obtaining new resources have been developed and implemented.			
❑ Strategies for creating more flexibility in existing funding streams have been developed and implemented.			
❑ A system of incentives and rewards is in place to recognize and sustain partners' contributions.			
❑ New members are actively recruited.			

Community Partnership Self-Assessment

Roster of Participants:

As members of the community, we actively participated in completing the Community Partnership Self Assessment.

Name	Affiliation	Date
Name	Affiliation	Date
Name	Affiliation	Date
Name	Affiliation	Date
Name	Affiliation	Date
Name	Affiliation	Date
Name	Affiliation	Date
Name	Affiliation	Date
Name	Affiliation	Date

APPENDIX N

Faith-based Organizations and Community Involvement

A 2003 survey that examined 14,000 congregations of diverse faith groups found that 85 percent of these congregations offer at least one community service, usually providing food, money, clothing, or emergency shelter. More than one-third of the congregations are involved in more extensive social service efforts, such as providing health care services, tutoring children, ministering in prisons, offering substance abuse programs, or providing housing for the elderly.1 The following provides information about the assessment of a faith-based organization's (FBO) readiness for joining a partnership or receiving government funds, describes potential barriers, and offers tips from FBOs and government agencies.

Assessment of FBO Readiness

FBOs now have many opportunities to seek public funding for their social service programs and to work with public social service agencies, such as child protective services. Each FBO needs to consider several questions before requesting funding or joining a partnership:

- Has the FBO documented a community need for this service? Is the service the FBO plans to provide a *public* service and not just a program for church members?
- Does the service produce outcomes that are important to the whole community? Can the FBO specify those outcomes?
- Is the FBO comfortable with the idea of choice? Program clients must be free not to participate in any inherently religious activities offered alongside the publicly funded service, and the FBO can only share its faith through acts of friendship and care.
- Will the place of worship support the service for which it seeks public funding with both money and volunteers? Is this a service the FBO plans to offer whether or not it is successful in obtaining public funding for it?
- Is the FBO comfortable with the significant increase in recordkeeping and accountability that inevitably accompanies public funding? Is the FBO willing to establish the appropriate structure for receiving and managing public dollars (i.e., setting up a separate 501(c) (3) nonprofit corporation with its own board of directors and financial accounting system)?[2]

[1] Sherman, A. L. (2003). Faith in communities: A solid investment. *Society 40*(2), 19–26.
[2] Mills, D. (2004). *Self-assessment: Ten questions to determine whether your congregation is ready to compete for public funding*. Available: www.fastennetwork.org/qryArticleDetail.asp?ArticleId=6BEFC73D-3CE8-496B-9A93-BEE1CFF7EEAC.

Partnering with Government Agencies

In the past, many FBOs failed to participate in government-funded projects for fear they would have to compromise their religious character. Both Federal and State laws clarify that FBOs:

- Retain their independence from government interference.
- Are not required to remove religious art, icons, scripture, or other symbols, but must operate in compliance with Federal and State laws. Funds may not be used for worship, religious instruction, or proselytizing.
- Retain their exemption under Title VII of the Civil Rights Act of 1964, which allows them to employ staff based on religion. However, FBOs remain subject to all other nondiscrimination laws in hiring and all Federal, State, and local nondiscrimination laws in the delivery of services.
- Are subject to the same regulations as other service providers and, therefore, to audits.[3]

In order not to break Federal regulations, it is important that FBOs be familiar with the laws governing their social services activities. Direct government funds cannot help fund worship, devotional activity, or other inherently religious acts. However, one study found that States did little to educate religious contractors or congregational leaders about constitutional constraints. In fact, 67 percent of congregational leaders participating in the study were unaware that government money cannot pay for devotional activities such as prayer and Bible study.[4]

Faith and Community Liaisons

It is important to contact the particular Federal, State, or local agency that administers the services the FBO wants to provide in its community. As FBOs increase their interest and involvement in the social services arena, these liaisons, often social workers, offer a broad set of skills, such as proposal and grant writing, case management, program evaluation, and counseling. Working together, agencies and FBOs can negotiate and shape partnerships that recognize and address potential conflicts in values by finding their common ground—the basis for effective partnerships.[5].

Potential Barriers

It is sometimes difficult for FBOs to learn how government agencies operate, where to go for information, or how to clear barriers. Many FBOs are not incorporated; have not sought 501(c) (3) status; operate exclusively with volunteer staff; have inadequate funding; and have little or no formal experience in administering a grant, keeping client and financial records, or evaluating their results.[6] The funding agencies themselves are often anxious about the ability of some FBOs to meet their contractual requirements, but the same concern arises with the engagement of *any* new contractors. Agencies also are concerned about FBOs' abilities to monitor huge amounts of money and fear the possible absence of accountability.[7]

[3] Virginia Department of Social Services. (n.d.). *Faith-based and community initiative FAQ*. Available: www.dss.state.va.us/community/faith_faq.html.
[4] *Associated Baptist Press. (2003). Study casts doubt on faith-based efforts. Christian Century 120*(24), 13–15.
[5] Cnaan, R. A., & Boddie, S. C. (2002). Charitable choice and faith-based welfare: A call for social work. *Social Work, 47*(3), 224–235.
[6] Virginia Department of Social Services. (n.d.). *About faith-based and community initiatives*. Available: www.dss.state.va.us/community/faith_about.html.
[7] Crew, R. F., Jr. (2003). *Faith-based organizations and the delivery of social services in Florida*. Available: www.religionandsocialpolicy.org/docs/events/2003_annual_conference/case_study_2003_florida.pdf.

In addition to understanding that public agencies have legal requirements that they must meet regarding the populations they serve and the services they provide, there are several other key items for FBOs to remember when partnering with them:

- Congregations may not be well equipped to screen and to assess needy families. Working with agencies can more effectively coordinate faith-based efforts to serve families and to ensure that the appropriate kind of service is offered.
- Congregations often have the desire to help, but are not sure how to proceed. Agencies can often help provide the training, support, and infrastructure needed.
- While agencies can provide assistance and often are interested in soliciting help from the faith community, they may be unfamiliar with the FBOs' cultures or expectations, or they may lack experience in recruiting, mobilizing, training, and supporting FBOs.[8]

Tips from FBOs and Government Agencies

At numerous conferences, community organizations, FBOs, and human services and workforce development administrators have discussed the importance of collaboration and partnerships in supporting families more effectively. The participants developed the following recommendations:

- Always remain faithful to the mission. Do not go after funding that does not coincide with that mission.
- Conduct a needs assessment to know which services are needed and to understand community strengths and limitations better. This should be coupled with an analysis of the FBO's capabilities to serve the community's needs.
- Accept those who the FBO is trying to help. Recognize and address the clients' multitude of strengths and barriers to issues.
- Strengthen management capacity. Know the clients in the community, and recruit capable and committed staff and volunteers who can work with them best. Make sure that staff and volunteers are well trained by holding orientations and ongoing trainings and by developing specific job descriptions.
- Build and strengthen partnerships with other congregations, government agencies, nonprofit community organizations, and businesses. Identify partners that can increase the FBO's strengths and resources. These partners may include public schools, law enforcement, job training organizations, community development corporations, social services and juvenile justice agencies, housing departments, private businesses, and other FBOs.
- Consider alternatives to conventional contracts, such as partnering or subcontracting with bigger organizations and collaboratives.
- Build evaluation and assessment designs into your program.
- Obtain technical assistance on regulations, grant and contract processes, outcomes, evaluation, and accountability standards. Also check with universities and other professionals who may provide pro bono services.

[8] Raymond, W. L. (2002.) *Faith-based collaborations: Transforming congregations and communities*. Available: www.nacsw.org/Raymond_files/frame.htm.

- Sharpen communication skills. Network by talking with other grant seekers (who do not need to be in the same field) to share information, brainstorm, and collect models of successful programs and proposals.
- Ensure financial accountability, document everything, and collaborate with banks, financial planners, community development corporations, and foundations for sound financial planning. Social services should be a separate operation of the FBO. Consider setting up a separate 501(c) (3) organization for providing those services.
- Identify funding resources, including private and community foundations, government funding, and corporations. Get to know the regional associations of grant makers.
- Develop short- and long-term strategic plans and funding goals. Hold regular meetings with program staff to discuss goals and needs and to involve program staff in the grant application process.
- Market the FBO's successes to government agencies and the public. Have a thorough knowledge of the FBO's program in order to explain its goals and objectives, how it is operated, why the services are provided, and how effective the program is at meeting its goals.[9]

Additional Resources

There are many resources available to FBOs, including:

- **The Center for Religion and Civic Culture** (CRCC) studies the civic role of religion and collaborates with congregations, academics, funders, and faith-based organizations in creative ways. CRCC is a broker for new partnerships, an intermediary for the media and faith-based groups, and a catalyst for innovative programs. For more information, visit **http://crcc.usc.edu/index.html**.
- **The Compassion Capital Fund** helps faith-based and community organizations increase their effectiveness and enhance their ability to provide social services to serve those most in need. For more information, visit **www.acf.hhs.gov/programs/ccf/**.
- **The Faith and Service Technical Education Network's** (**FASTEN**) mission is to strengthen and to support faith-based social services by assisting FBOs in exploring whether to launch or to expand efforts to provide social services, especially in distressed urban communities throughout the United States. For more information, visit www.fastennetwork.org.
- **The Faith-based and Community Initiative** helps grassroots organizations compete equally for Federal dollars and face fewer bureaucratic barriers. For more information, visit **www.acf.hhs.gov/programs/fbci/**.

[9] Capitani, J., & Hercik, J. M. (1999). *Welfare reform and the faith community: Building new partnerships. National conference final report*. Available: http://peerta.acf.hhs.gov/pdf/faithcom.pdf; Archambault, C., Kakuska, C., Munford, R., White, D., & Hercik, J. M. (2001). *Charitable choice workshop: State TANF offices and the faith community working together*. Available: www.calib.com/peerta/pdf/charitablechoices.pdf; Austensen, B. (2001). *A look at faith-based programs*. Available: http://peerta.acf.hhs.gov/pdf/faithprog.pdf.

- **The *Outcome-Based Evaluation: A Training Toolkit for Programs of Faith*** helps FBO leaders understand the basics of outcome-based evaluation, its uses, and its benefits. The step-by-step tutorial guides program directors through identifying program goals, establishing measurement indicators, and collecting data to determine the program's success in achieving its targets. To view this document, visit **www.urbanministry.org/outcome-based-evaluation-training-toolkit-programs-faith**.

- **Public/Private Ventures** is a national nonprofit organization whose mission is to improve the effectiveness of social policies, programs, and community initiatives, especially as they affect youth and young adults. For more information, visit **www.ppv.org**.

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APPENDIX O

Child Welfare Practice Comparison: Conventional, Family-centered, and Community-centered[1]

Conventional Child Welfare	Family-centered Child Welfare	Community-centered Child Welfare
Engagement		
Focuses on obtaining the facts and information rather than on building relationships	Engages families in ways that are relevant to the situation and sensitive to the values of their cultures	Views family strengths (e.g., resources, culture) as building blocks for services
Assessment		
Focuses on the facts related to the reported maltreatment; the primary goal is to identify psychopathology in the perpetrator	Reviews and discusses the families' capabilities, strengths, and resources throughout the life of the case	Includes an evaluation of service needs based on information obtained from other agencies and explores community support systems
Safety plans		
Developed by child protective services staff and the court system with little input from the family or those who know the child well	Involves the family in the design and is based on information and support from the caseworker and other team members	Incorporates the participation of extended family and community members (e.g., neighbors, community groups)
Service plans		
Prepared by the worker and presented to the family for signature	Involves the family and is based on information and support from the caseworker and other team members	Incorporates the participation of extended family, the family's social network (e.g., friends, school personnel), and potential service providers

[1] National Resource Center for Family-Centered Practice, State of Maryland Department of Human Resources, & Baltimore City Department of Social Services. (2002). *Community partnerships & linkages: Reaching out to work together*. Available: http://muskie.usm.maine.edu/helpkids/pubstext/partnercurr/partnerships.htm.

Out-of-home placement		
Includes little contact between biological, adoptive, and foster families and the agencies that serve them	Focuses on building partnerships between biological families and foster/adoptive families (or other placement providers); encourages respectful, non-judgmental, and nonblaming approaches	Completed with the support of staff in the community from all phases (planning, provision of supports, and placement) and attempts to have children be placed close enough to allow for parent/child visitation (especially for younger children)
Implementation of service plan		
Usually consists of a determination of whether the family has complied with the case plan rather than providing services and supports or coordinating with informal or formal resources	Ensures that families have reasonable access to a flexible, affordable, and individualized array of services and resources so they can maintain themselves as a family	Includes a range of services in the community that responds to all domains needed by the family (e.g., health, transportation, income maintenance)
Permanency planning		
Introduces alternative permanency plans only after efforts at parental rehabilitation are unsuccessful	Includes the development of alternative permanency plans by families, child welfare workers, community members, and service providers	Includes the provision of coordinated and high-quality services in the community so parents can make changes within the available times
Reevaluation of the service plan		
Incorporates little effort in determining the family's progress in reach the plan's outcomes; reevaluation results are not shared with the family	Includes the sharing of information from the family, children, support teams, and service providers with the service system to ensure that intervention strategies can be modified as needed to support positive outcomes	Requires that all the people involved in the service planning and implementation process meet regularly to assess how the plan is proceeding and if and how the plan should be modified, as well as who will be responsible for tasks

APPENDIX P

Sample Consent Form

The following sample consent form is based on a form from the Santa Cruz Integrated Children's Services Program.[1] Before providing any consent forms to clients, community partnerships and agencies should consult with legal personnel to ensure the forms comply with agency, local, State, and Federal regulations and meet the requirements of the community partnership and agency.

The inclusion of this sample consent form does not indicate the approval or sanction of its legal nature by the U.S. Department of Health and Human Services.

[1] Santa Cruz County Integrated Children's Services Program. (n.d.). *Santa Cruz County Integrated Children's Services Program: Authorization to release and exchange confidential information and records*. Available: www.first5scc.org/pdf/ICSP%20Release%20Form%20Dec06-v3.doc.

County Children's Services Program

Authorization to Release and Exchange Confidential Information and Records

I, _____, as the parent, guardian, or legally authorized representative of _____ (print minor child's first and last names), authorize the following agencies in the County Children's Services Program to release and exchange information and/or records about the above-named child and/or myself for the purpose of planning and providing services together.

[Directions: Check all below that apply. Write your initials and the date on the appropriate line if you are revising the initial release.]

Agency/Program Name	Worker's Name and Phone # (if known)	Initials and Date (for revisions only)
❑ County Resource Service Center		
❑ Familia Center		
❑ Families in Transition		
❑ Health Services Agency (HSA): *Select specific HSA programs that are or will be working with you and/or the above-named minor child. Programs that are not selected may receive a copy of this release and/or communicate with other programs in HSA without additional consent.*		
❑ Alcohol and Drug		
❑ State Children's Services		
❑ Clinics		
❑ Children's Mental Health		
❑ Homeless Persons Health Project		
❑ Human Resources Agency (HRA): *Select specific HRA divisions that are or will be working with you and/or the above-named minor child. Divisions that are not selected may receive a copy of this release and/or communicate with other divisions in HRA without additional consent.*		
❑ Adult and Long-Term Care		
❑ Benefit Services		
❑ CareerWorks		
❑ Family and Children's Services		
❑ Parents' Center		
❑ Probation Department (PD): *Select specific PD divisions that are or will be working with you and/or the above-named minor child. Divisions that are not selected may receive a copy of this release and/or communicate with other divisions in PD without additional consent.*		
❑ Adult Probation		
❑ Juvenile Probation		
❑ Juvenile Hall		
❑ Women's Center		
❑ Temporary Members *(Worker: Write in name of individual/agency and send Confidentiality Agreement.)*		
❑ Other		
❑ Other		

The selected agencies may release and exchange the following information and/or records about me and/or the above-named child. (Write your initials and the date next to any changes to the Initial Release.)

❑ Intake information
❑ Assessment(s) of my family's situation
❑ Recommended services or treatment plan
❑ Service plan/case plan
❑ Status and progress of services or treatment
❑ Summary of substance abuse history, treatment, and/or progress for the period of:

_____ (fill in date range)

❑ Summary of medical history, diagnosis, treatment, and/or progress for the period of:

_____ (fill in date range)

❑ Summary of mental health history, diagnosis, treatment, and/or progress for the period of:

_____ (fill in date range)

❑ Restrictions on sharing information:

_____
_____

I understand that:

- Each agency will only release or exchange the selected confidential information or records to other selected agencies when it is determined to be relevant to the services provided by those other agencies.
- If the above-named child is under or goes under the jurisdiction of the juvenile court, the social worker judicial officer must complete the appropriate consent form in order for Child Welfare Services to be able to release and exchange my information and records with other agencies I have selected.
- The selected agencies will keep information and records confidential and not share them with anyone outside of the selected agencies, unless I have provided additional written release(s) or someone is qualified or allowed by law to receive this information. Specifically, certain staff are required by law to report (1) if they hear and believe that I or a family member are in danger of hurting myself or someone else; (2) if there is reasonable suspicion that a child, dependent adult, and/or elderly adult has been abused; or (3) if I have made a threat to harm an identified victim.
- Alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- Every member of the multidisciplinary service team who receives information or records on the client serviced is under the same privacy and confidentiality penalties as the person disclosing or providing the information or records. All information or records obtained shall be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.
- I will not be denied services if I decide that I do not want my information or records shared with other agencies, or if I wish to limit the scope of this release, as noted above.
- I may cancel this authorization at any time by written request, except to the extent that action has been taken in reliance on it.
- This release form covers all methods of communication between the selected agencies.
- Partner agencies may establish and maintain a unified program record and/or a common database for the purpose of planning and providing services together. Non-identifying information from this record and/or database may be used to help evaluate the effectiveness of the services offered by the agencies.
- I have the right to receive a copy of any information or records shared between the agencies concerning myself and my child, as long as I am a parent or legal guardian who is authorized to and am not prohibited from receiving such information.
- I have the right to receive, and have received or declined, a copy of this signed release form.

Copy provided _____ (date) **Received by** _____ (initials) **Copy declined** _____ (initials)

X_____ _____

Signature of: ❑ Minor child with legal power to give authorization and/or Minor child's birth date

❑ Parent ❑ Guardian ❑ Legally authorized representative

Date signed: _____ Signer's birth date:_____

This release automatically expires on _____ (1 year from date of signature), or when I and/or the above-named child cease to be a client of all of the agencies selected, whichever occurs sooner.

_____ X_____ _____ _____

Printed name of staff Signature of staff Agency Date

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APPENDIX Q

Systems of Care Values and Principles[1]

Systems of care is a framework used to support children and families with complex needs through a multidisciplinary approach. The following core values and principles for systems of care are adapted from the children's mental health field, which also utilizes a systems of care framework.

Core Values

The system of care should be:

1. Child-centered and family-focused, with the needs of the child and family dictating the types and the mix of services provided.

2. Community-based, with the services, as well as management and decision-making responsibility, at the community level.

3. Culturally and linguistically competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

Guiding Principles

1. Children and families should have access to a comprehensive array of services that address their physical, emotional, social, and educational needs.

2. Children and families should receive individualized services in accordance with the unique needs and potentials of each child or parent and guided by an individualized service plan.

3. Children and families should receive services within the least restrictive, most normative environment that is clinically appropriate and safe.

4. The families and surrogate families of children should be full participants in all aspects of the planning and delivery of services.

[1] Stroul, B., & Friedman, R. (1986). *A system of care for children and youth with severe emotional disturbances* (Rev. ed., p. 17). Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.

5. Children and families should receive services that are integrated, with linkages between child-serving agencies and programs and with mechanisms for planning, developing, and coordinating services.

6. Children and families should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.

7. Early identification and intervention should be promoted by the system of care in order to enhance the likelihood of positive outcomes.

8. Children and youth should be ensured smooth transitions to the adult service system as they reach maturity.

9. The rights of children should be protected, and effective advocacy efforts should be promoted.

10. Children and families should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

For more information on systems of care, visit **www.childwelfare.gov/systemwide/service/soc/**.

APPENDIX R

Sample Evaluation Implementation Plan

Activity	Steps	Responsible Party	Target Date(s)
Build Logic Model	• Write the program vision. • Describe the population served, including the needs to be addressed. • Describe the services and the resources needed. What assumptions are you making that lead you to believe that your service strategies will "work?" Are your services evidence-based? • Write the program outcomes and indicators. • Determine how you can measure these outcomes.		
Select or Develop Tool	• Select or construct the appropriate measurement tools. • Develop or obtain a method for data entry and management. • Administer the tools and review the administration procedures with a participant focus group. • Revise the program-developed tools as needed, and select different standardized tools according to the focus group findings.		
Administer	• Select the time, place, and participants for the evaluation. • Train staff in how to administer the evaluation. • Make copies of all the tools to be used. • Administer the evaluation tool.		
Analyze and Report	• Enter the data into a database (or spreadsheet), and make the necessary tabulations. • Analyze the data and meet with the staff team to review the results. • Make program decisions based on the findings. • Report on the results of the evaluation and disseminate the report as needed.		

[1] FRIENDS National Resource Center for Community-based Child Abuse Prevention. (n.d.). *Implementation plan*. Available: www.friendsnrc.org/download/outcomeresources/toolkit/implementation_work.pdf.

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APPENDIX S

Community Partnership Resources

There are many resources available regarding community partnerships. In addition to the resources specifically regarding child maltreatment in Appendix B, *Resource Listing*, the following are selected websites that address areas of interest to community partnerships. The resources are organized in the following five categories:

- Community partnerships in child welfare
- Building and sustaining partnerships
- Improving child protection
- Collaboration among overlapping systems
- Child abuse and neglect/child welfare background.

The following websites provide community partnerships and others with links to available information that may be of interest. Inclusion on this list does not connote an endorsement by the U.S. Department of Health and Human Services

I. Community Partnerships in Child Welfare

Annie E. Casey Foundation
Family to Family Initiative
www.aecf.org/MajorInitiatives/Family%20to%20Family.aspx

Center for the Study of Social Policy, Center for Community Partnerships in Child Welfare (homepage)
www.cssp.org/center/index.html

Child Welfare Information Gateway
Collaborating with Your Community
http://childwelfare.gov/preventing/developing/community.cfm

FRIENDS National Resource Center for Community-Based Child Abuse Prevention (homepage)
www.friendsnrc.org/index.htm

National Child Welfare Resource Center for Organizational Improvement
Stakeholder Involvement and Interagency Collaboration
http://muskie.usm.maine.edu/helpkids/interagency.htm

National Resource Center for Permanency and Family Connections
Family Engagement: A Web-based Practice Toolkit
www.hunter.cuny.edu/socwork/nrcfcpp/fewpt

II. Building and Sustaining Partnerships

A. General Coalition Building

Child Trends
Building Community Partnerships: Tips for Out-of-School Time Programs
www.childtrends.org/Files//Child_Trends-2008_03_12_PI_CommunityPartner.pdf

Find Youth Info
Form a Partnership and Make it Work
www.findyouthinfo.gov/cf_pages/partnerships.htm

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), & American Institutes for Research
Sustaining Grassroots Community-Based Programs: A Toolkit for Community- and Faith-Based Service Providers
http://download.ncadi.samhsa.gov/prevline/pdfs/SMA08-4340.pdf

U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP), & Institute for Educational Leadership
Building Effective Community Partnerships
www.ojjdp.ncjrs.org/resources/files/toolkit1final.pdf

University of Kansas, Work Group for Community Health and Development
Community Tool Box
http://ctb.ku.edu/en/tablecontents/

White House Faith-Based and Community Initiatives
Innovations in Effective Compassion
http://innovationincompassion.hhs.gov

B. Strategic Planning

Community Problem Solving Project @ MIT (homepage)
www.community-problem-solving.net/

National Child Welfare Resource Center for Organizational Improvement
T/TA Related to the Child and Family Services Review Process
http://muskie.usm.maine.edu/helpkids/cfsrta.htm

U.S. Department of Health and Human Services, Administration for Children and Families (ACF)
Capacity Benchmarking Tool for Faith- and Community-Based Organizations
www.acf.hhs.gov/programs/ocs/ccf/about_ccf/benchmarking_tool/cpct_toc.html

C. Funding

Child Welfare Information Gateway
Funding Information for Programs and *Collaborative Funding Strategies*
www.childwelfare.gov/systemwide/funding
www.childwelfare.gov/preventing/developing/collaborativefunding.cfm

The Finance Project
Information Resource Center: Finding Federal Funding
www.financeproject.org/index.cfm?page=27

Nonprofit Leadership Institute
Nonprofit Good Practice Guide: Fundraising
www.npgoodpractice.org/Topics/Fundraising/Default.aspx

Promising Practices Network on Children, Families and Communities
Forming, Funding and Maintaining Partnerships and Collaborations
www.promisingpractices.net/sd1c.asp

U.S. Department of Health and Human Services
www.hhs.gov/grantsnet

U.S. Department of Health and Human Services, SAMHSA
Maximizing Program Services Through Private Sector Partnerships and Relationships: A Guide for Faith- and Community-Based Service Providers
www.samhsa.gov/FBCI/docs/PartnerHandbook_feb2006.pdf

U.S. Department of Justice, OJJDP, National Training and Technical Assistance Center
Accessing Resources for Community and Faith-based Organizations Federal Funding Toolkit
http://arc.nttac.org/toolkit.cfm

U.S. Federal Government
www.grants.gov

University of South Florida, Research and Training Center for Children's Mental Health
Effective Financing Strategies for Systems of Care: Examples from the Field—A Resource Compendium for Developing a Comprehensive Financing Plan
http://rtckids.fmhi.usf.edu/rtcpubs/hctrking/pubs/Study03-exp-fr-field.pdf

D. Evaluating Collaboratives

Annie E. Casey Foundation
The Need for Self-Evaluation: Using Data to Guide Policy and Practice
www.aecf.org/upload/publicationfiles/need%20for%20self%20evaluation.pdf

Child Welfare Information Gateway
Steps in Evaluating Prevention Programs
http://childwelfare.gov/preventing/developing/steps.cfm

FRIENDS National Resource Center for Community-based Child Abuse Prevention
Evaluation Toolkit and Logic Model Builder
www.friendsnrc.org/outcome/toolkit/index.htm

Kellogg Foundation
Evaluation Toolkit
www.wkkf.org/default.aspx?tabid=75&CID=281&NID=61&LanguageID=0

Planning and Evaluation Resource Center
Evaluation Tools and Resources
www.evaluationtools.org/

U.S. Department of Health and Human Services, ACF
The Program Manager's Guide to Evaluation
www.acf.hhs.gov/programs/opre/other_resrch/pm_guide_eval/index.htm

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE)
Evaluating Privatized Child Welfare Programs: A Guide for Program Managers
http://aspe.hhs.gov/hsp/07/CWPI/guide/index.shtml

United Way
Outcome Measurement Resource Network
www.liveunited.org/outcomes

University of Kansas, Community Tool Box
Evaluating Community Programs and Initiatives
http://ctb.ku.edu/en/tablecontents/chapter_1036.htm

III. Improving Child Protection

A. CPS Reform and Differential Response

American Humane
Protecting Children, Differential Response
www.americanhumane.org/protecting-children/programs/differential-response/

Child Welfare Information Gateway
Child Welfare Reform
www.childwelfare.gov/systemwide/service/cwreform/

National Child Welfare Resource Center for Organizational Improvement (homepage)
http://muskie.usm.maine.edu/helpkids/

National Quality Improvement Center on Differential Response in Child Protective Services (homepage)
www.differentialresponseqic.org/

National Resource Center for Child Protective Services (homepage)
www.nrccps.org

U.S. Department of Health and Human Services, ASPE
Alternative Responses to Child Maltreatment: Findings from NCANDS
http://aspe.hhs.gov/hsp/05/child-maltreat-resp/index.htm

B. Systems of Care

Child Welfare Information Gateway
National Technical Assistance and Evaluation Center for Systems of Care
www.childwelfare.gov/systemwide/service/soc/communicate/initiative/ntaec.cfm

Child Welfare Information Gateway
Systems of Care
www.childwelfare.gov/pubs/soc/soc.pdf

National Child Welfare Resource Center for Organizational Improvement
Systems of Care Curriculum
http://muskie.usm.maine.edu/helpkids/systemofcare.htm

National Technical Assistance Center for Children's Mental Health
Early Childhood Mental Health in a System of Care.
http://gucchd.georgetown.edu/programs/ta_center/topics/early_childhood.html

C. Family and Youth Engagement

American Humane
Family Group Decision Making
www.americanhumane.org/protecting-children/programs/family-group-decision-making/

Annie E. Casey Foundation
Family to Family and *Strengthening Families*
www.aecf.org/Home/MajorInitiatives/Family%20to%20Family.aspx

Child Welfare Information Gateway
Family Group Decision-Making Approaches
www.childwelfare.gov/famcentered/overview/approaches/family_group.cfm

Family & Children's Service
Sharing Family Strengths Activity Booklet (in English and Spanish)
http://familychildrenservice.nonprofitoffice.com/index.asp?Type=B_BASIC&SEC={D87F43FF-2EBD-4F73-A798-6E8729E5010A}

National Child Welfare Resource Center for Organizational Improvement & National Child Welfare Resource Center for Youth Development
CFSR Toolkit for Youth Involvement: Engaging Youth in the Child and Family Services Review
http://muskie.usm.maine.edu/helpkids/rcpdfs/CFSRtoolkit.pdf

National Family Preservation Network
Intensive Family Preservation Services Toolkit
http://nfpn.org/images/stories/files/ifps_toolkit.pds

National Resource Center for Permanency and Family Connections (homepage)
www.hunter.cuny.edu/socwork/nrcfcpp/

D. Cultural Competency

American Humane
Using Family Group Conferencing to Assist Immigrant Children and Families in the Child Welfare System
www.americanhumane.org/assets/docs/PC-fgdm-immigrant-children-families.pdf

Child Welfare Information Gateway
Cultural Competence
www.childwelfare.gov/systemwide/cultural

Child Welfare League of America
Cultural Competence
www.cwla.org/programs/culturalcompetence/

FRIENDS National Resource Center for Community-based Child Abuse Prevention
Resources and Training on Cultural Competence
www.friendsnrc.org/resources/culture.htm

Georgetown University Center for Child and Human Development, National Center for Cultural Competence (homepage)
www11.georgetown.edu/research/gucchd/nccc/index.html

University of Kansas, Community Tool Box
Cultural Competence in a Multicultural World
http://ctb.ku.edu/en/tablecontents/chapter_1027.htm

E. Evidenced-based Practices

California Evidence-Based Clearinghouse for Child Welfare (homepage)
www.cachildwelfareclearinghouse.org

Child Trends
What Works: Programs That Work—or Don't—To Enhance Youth Development
www.childtrends.org/_catdisp_page.cfm?LID=CD56B3D7-2F05-4F8E-BCC99B05A4CAEA04

Child Welfare Information Gateway
Evidenced-Based Practice Resources
www.childwelfare.gov/systemwide/service/improving_practices/searchebp_resources.cfm

FRIENDS National Resource Center for Community-based Child Abuse Prevention
Integrating Evidence Based Practices into CBCAP Programs: A Tool for Critical Discussions
www.friendsnrc.org/resources/evidence.ht

National Child Welfare Center for Organizational Improvement (homepage)
http://muskie.usm.maine.edu/helpkids/

National Resource Center for Family-Centered Practice and Permanency Planning
Evidence-based Practice
www.hunter.cuny.edu/socwork/nrcfcpp/info_services/evidence-based-practice.html

Promising Practices Network on Children, Families and Communities (homepage)
www.promisingpractices.net/default.asp

U.S. Department of Health and Human Services, SAMHSA
National Registry of Evidence-based Programs and Practices
www.nrepp.samhsa.gov/

University of Illinois at Urbana-Champaign, Children and Family Research Center
Best Practices Bibliographies
http://cfrcwww.social.uiuc.edu/practiceresources_bibs.htm

University of Minnesota, School of Social Work
Evidence-based Practice in Child Welfare in the Context of Cultural Competence: Meeting Proceedings and Findings. Conference Proceedings
http://cehd.umn.edu/SSW/g-s/media/SummaryOfProceedings.pdf

IV. Collaboration Among Overlapping Systems

A. Child Welfare and Domestic Violence Services

Family Violence Prevention Fund
Community Collaborations on Behalf of Children Exposed to Domestic Violence
http://endabuse.org./content/features/detail/781/

The Greenbook Initiative (homepage)
http://thegreenbook.info

Minnesota Center Against Violence and Abuse, MINCAVA Electronic Clearinghouse (homepage)
www.mincava.umn.edu/

National Online Resource Center on Violence Against Women (homepage)
www.vawnet.org/

National Resource Center for Child Protective Services
Domestic Violence
www.nrccps.org/resources/domestic_violence.php

U.S. Department of Health and Human Services, Office on Child Abuse and Neglect (OCAN)
Child Protection in Families Experiencing Domestic Violence
www.childwelfare.gov/pubs/usermanuals/domesticviolence

B. Child Welfare and Substance Abuse

Child Welfare Information Gateway
Substance Abuse and Cross-System Collaboration
www.childwelfare.gov/systemwide/service_array/substance/cross_sys/

National Center on Substance Abuse and Child Welfare
Online Tutorials for Knowledge-building and Cross-Systems Work
www.ncsacw.samhsa.gov/tutorials/index.asp

National Center on Substance Abuse and Child Welfare
Regional Partnership Grant Program
www.ncsacw.samhsa.gov/technical/ta-rpg.aspx

National Center on Substance Abuse and Child Welfare
Screening and Assessment for Family Engagement, Retention, and Recovery
www.ncsacw.samhsa.gov/files/SAFERR.pdf

National Clearinghouse for Alcohol and Drug Information (homepage)
http://ncadi.samhsa.gov

National Technical Assistance Center for Children's Mental Health (homepage)
http://gucchd.georgetown.edu/programs/ta_center/

U.S. Department of Health and Human Services, OCAN
Protecting Children in Families Affected by Substance Use Disorders
www.childwelfare.gov/pubs/usermanuals/substanceuse/

C. Child Welfare and the Courts

Child Welfare Information Gateway
Collaboration with the Courts
www.childwelfare.gov/systemwide/service/collaboration/courts.cfm

National Center for State Courts
How Judges Can Build Multidisciplinary Collaborations to Benefit Children and Families
www.ncsconline.org/WC/Publications/Trends/2007/FamJusTrends2007.pdf

National Child Welfare Resource Center on Legal and Judicial Issues (homepage)
www.abanet.org/child/rclji/home.html

National Council of Juvenile and Family Court Judges
Building a Better Collaboration: Facilitating Change in the Court and Child Welfare System
www.ncjfcj.org/

National Quality Improvement Center on the Representation of Children in the Child Welfare System (homepage)
www.improvechildrep.org/

SANCA Project, Strengthening Abuse and Neglect Courts Act (homepage)
http://sancaproject.org

U.S. Department of Health and Human Services, OCAN
Working with the Courts in Child Protection
www.childwelfare.gov/pubs/usermanuals/courts/courts.pdf

V. Child Abuse and Neglect/Child Welfare Background

A. Child Abuse and Neglect and the Child Welfare System (General Background)

Children's Bureau (homepage)
www.acf.hhs.gov/programs/cb/

Child Welfare Information Gateway (homepage)
www.childwelfare.gov/
Resources in Spanish: www.childwelfare.gov/spanish

Child Welfare League of America (homepage)
www.cwla.org/

U.S. Department of Health and Human Services, ACF
Child Abuse and Neglect Research
www.acf.hhs.gov/programs/cb/stats_research/index.htm#can

U.S. Department of Health and Human Services, OCAN
Child Abuse and Neglect User Manual Series
www.childwelfare.gov/pubs/umnew.cfm

B. Family Support and Prevention of Child Maltreatment

Child Welfare Information Gateway
Preventing Child Abuse and Neglect
www.childwelfare.gov/preventing/

Child Welfare League of America (homepage)
www.cwla.org

The Finance Project
Developing a Comprehensive Approach to Child Abuse and Neglect Prevention: Strategies for State and Social Policymakers
www.financeproject.org/publications/childabuseSB.pdf

FRIENDS National Resource Center for Community-Based Child Abuse Prevention (homepage)
www.friendsnrc.org/

National Center for Housing and Child Welfare (homepage)
www.nchcw.org/

Pathways Mapping Initiative (homepage)
www.pathwaystooutcomes.org/

Prevent Child Abuse America (homepage)
www.preventchildabuse.org/

C. Child Welfare Laws

Child Welfare Information Gateway
Laws, State Statutes, and Policies
www.childwelfare.gov/systemwide/laws_policies/

Tribal Law and Policy Institute
Tribal Court Clearinghouse
www.tribal-institute.org/index.htm

U.S. Department of Health and Human Services, ACF
Laws and Policies
www.acf.hhs.gov/programs/cb/laws_policies/index.htm#laws

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800-394-3366
info@childwelfare.gov
www.childwelfare.gov/pubs/usermanual.cfm